

Name  
in  
Full

242  
CERTIFICATE OF DEATH

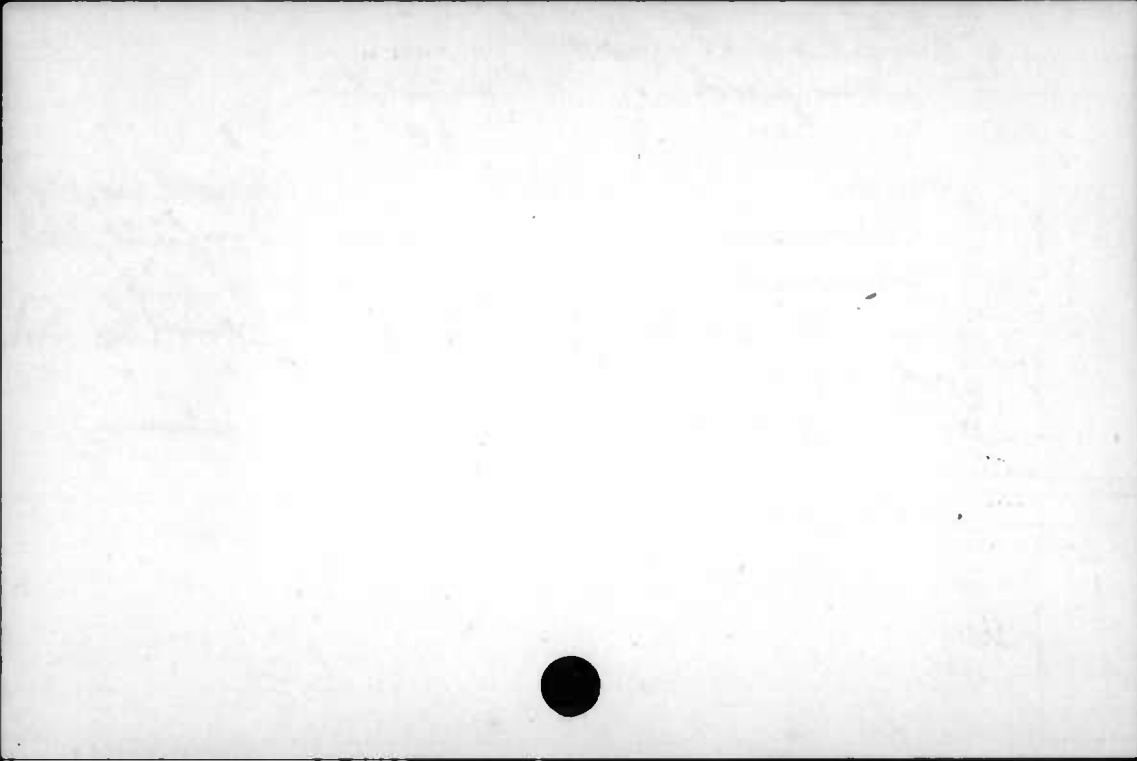
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Date		Month	Day	Age	Months	Days	
of death		190	7	14	82		
Sex	Color or Race	Birth-place					
Male	White	Maryland					
Occupation	Where Residing if not at place of death						
Laborer							
Married, Single or Widowed	Name of Wife or Husband						
Married	Ann Maria Evans						
Father's Name	Father's Birthplace						
Do not know							
Mother's Maiden Name	Mother's Birthplace						
"	"						
Name of person giving information	How related to deceased						
Noah W. Arbogast	Son						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	How long	154
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Thos. J. Coonan M.D.	
		Address	
		Westminster	
Accident or Suicide?			



Name  
in  
Full

Fletcher A. Baile

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND.

Died at <i>near Winfield</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	1907	Month	9	Day	9
Age	65	Years	1	Months	7
Sex	Male	Color or Race	White	Birth-place	Carroll Co., Md.
Occupation	Farmer		Where Residing if not at place of death <i>near Winfield, Md.</i>		
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>Sarah Ellen Baile</i>		
Father's Name	<i>Lewis N. Baile, (deceased)</i>			Father's Birthplace <i>Carroll Co., Md.</i>	
Mother's Maiden Name	<i>Sarah G. Nicodemus ("")</i>			Mother's Birthplace, " " "	
Name of person giving information	<i>A. Claton Baile</i>			How related to deceased <i>Son,</i>	

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<i>Accident falling Timber</i>	How long	<i>3 hours</i>
Immediate	<i>Internal Pulmonary Haemorrhage</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. S. Crank</i>
		Address	<i>Winfield</i>
			<i>Carroll Co., Md.</i>
Accident or Suicide?			

Elmer

Name  
in  
Full

Mary E. Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Taylorville</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month <i>9</i>	Day <i>29</i>	Age <i>67</i>	Years <i>11</i>	Months <i>11</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death <i>Taylorville, Md.</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>George Baker</i>					
Father's Name <i>Thomas Fleming</i>		Father's Birthplace <i>Fredt's Co. Md.</i>					
Mother's Maiden Name <i>Amelia Muller</i>		Mother's Birthplace <i>West Germany</i>					
Name of person giving information <i>Mrs. A. Danner</i>		How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<i>Nervous Debility</i>	How long	<i>two years</i>
Immediate	<i>Hemiplegia</i>	How long	<i>six days</i>
Are the name, age, sex, color, date and place correctly given above? <i>2</i>		Signature of Physician <i>A. T. Gault</i>	
		Address <i>Taylorville</i>	
Accident or Suicide?		<i>Md</i>	

Taylorville

Name  
in  
Full

Ralph A Baker

245

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bird Hill</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>Sept</u>	Day <u>24</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birthplace <u>England</u>	Months <u>2</u>	Days <u>1</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>John A Baker</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Gertie Shipley</u>	Mother's Birthplace <u>Mo</u>				
Name of person giving information <u>Wm P Baker</u>	How related to deceased <u>Grandfather</u>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Gastro-enteritis</u>	How long <u>one month</u>
Immediate <u>Starvation</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. N. Gorsuch M.D.</u>
<u>D</u>	Address <u>Gaithers Md</u>
Accident or Suicide? <u>—</u>	

Shaver  
Dear Park Chief



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Ethel Marie Barnhard</b>		Town <b>New Windsor</b>		County <b>Carroll</b>		MARYLAND	
Died at <b>New Windsor</b>		Month <b>Sept</b>		Day <b>20</b>		Years <b>4</b>	
Date of death <b>1907</b>		Month <b>Sept</b>		Day <b>20</b>		Years <b>4</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birthplace <b>New Windsor</b>		Days <b>16</b>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <b>John Albert Barnhard</b>				Father's Birthplace <b>Maryland</b>			
Mother's Maiden Name <b>Mary Barnes</b>				Mother's Birthplace <b>Maryland</b>			
Name of person giving information <b>Harry Mitten</b>				How related to deceased <b>Brother in law</b>			

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary	<b>Cholera Infantum</b>	How long	<b>12 weeks</b>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>F. J. Brooks</b>	
Yes		Address <b>Marston Md.</b>	
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Samuel Bungardner*

Town *Taneytown* County *Carroll* MARYLAND

Died at *Taneytown*

Date of death *1907* Month *9* Day *5* Age *80* Years Months *8* Days *15*

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Margaret Byers*

Father's Name *John Baumgardner* Father's Birthplace *Pa*

Mother's Maiden Name *Mary Angel* Mother's Birthplace *Mod*

Name of person giving information *David Vaughan* How related to deceased *Nephew*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Old age* *154* How long *6 months*

Immediate *Exhaustion* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Charles R. Rupp*

Address *Taneytown Md*

Accident or Suicide? ☐



Name  
in  
Full

Merris Lester Beamer

243

CERTIFICATE OF DEATH

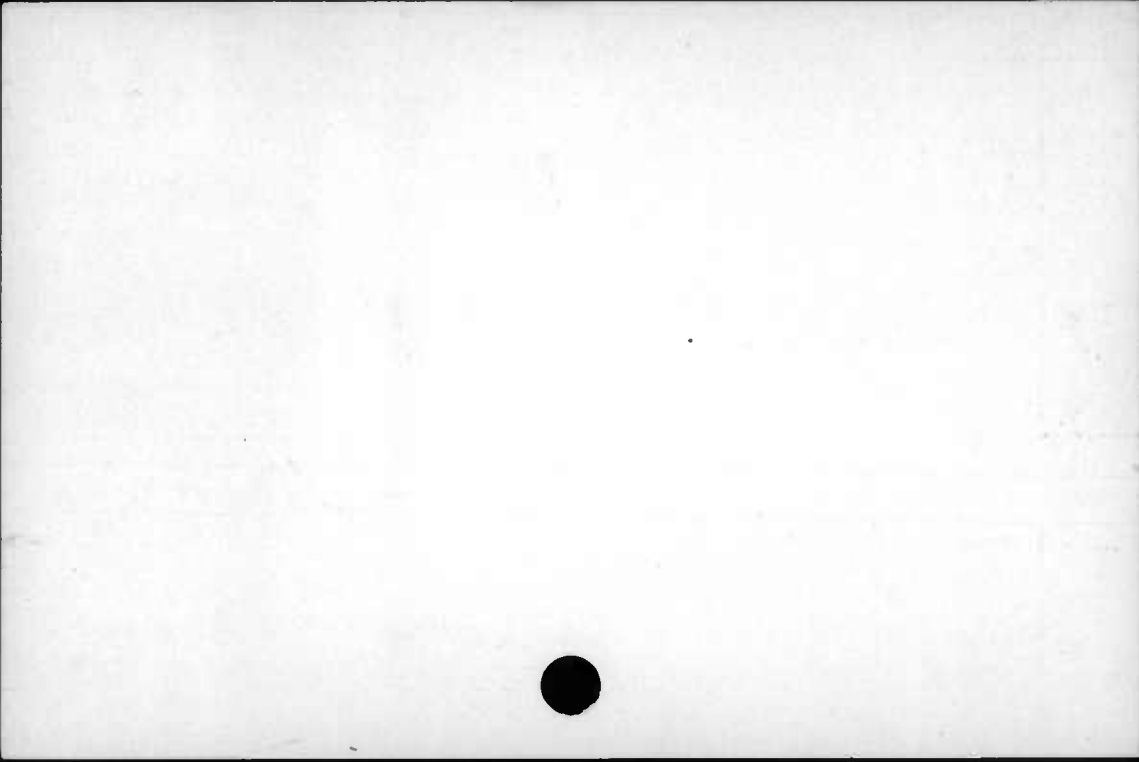
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Warfieldsburg</i>		County <i>leaver</i>		MARYLAND	
Date of death	1907	Month	Sept	Day	17
Age	Years		Months		Days
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation			Birth-place	<i>Maryland</i>	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Elias N. Beamer</i>		
Mother's Maiden Name			<i>Mollie E. Kirby</i>		
Name of person giving information			<i>Elias N. Beamer</i>		
Father's Birthplace			<i>Maryland</i>		
Mother's Birthplace			<i>11</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>indefinite</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Henry M. Highty</i>	
		Address	
		<i>110 E. Main Street</i>	
		<i>Westminster Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

Howard Richard Berkeley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

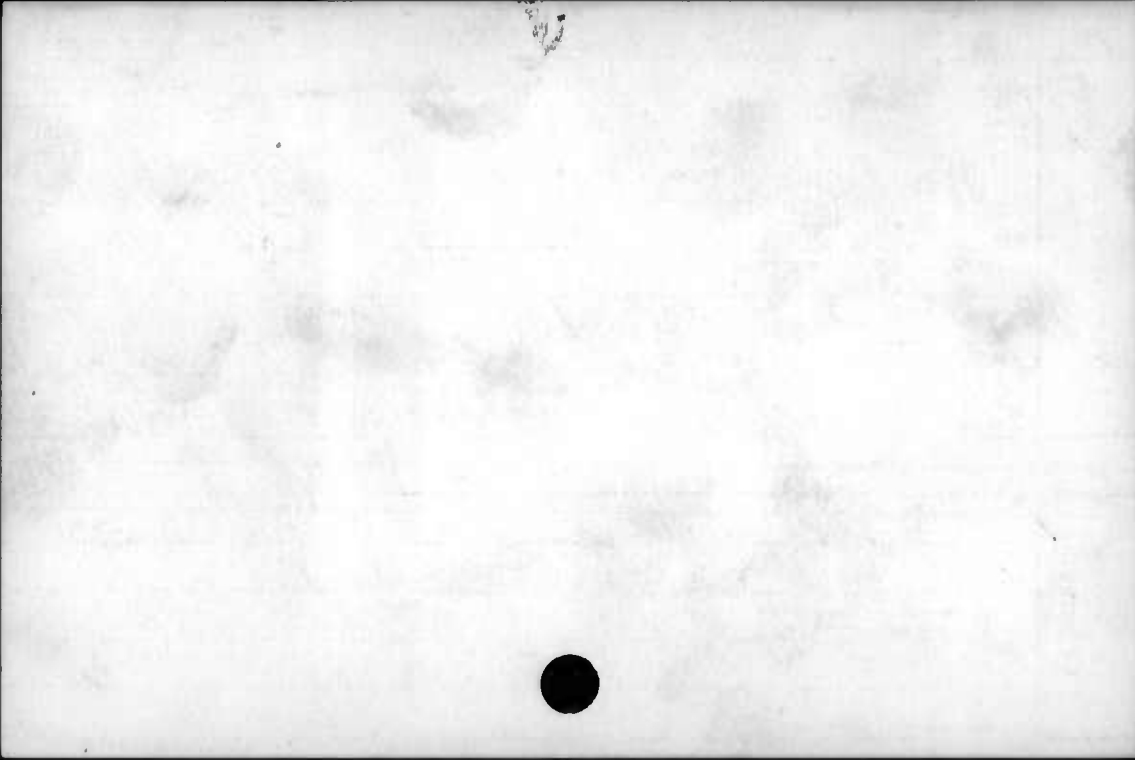
Died at <u>Sykesville</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>Sept</u>	Day <u>18</u>	Age <u>4</u> Years	Months <u>7</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Sykesville</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Richard Berkeley</u>			Father's Birthplace <u>Montgomery Co Md</u>		
Mother's Maiden Name <u>Emma Nugent</u>			Mother's Birthplace <u>Montg. Co Md</u>		
Name of person giving information <u>Richard Berkeley</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Enteric-Colitis</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Daniel B. Sprecher</u>
	Address <u>Sykesville Md</u>
Accident or Suicide? <u>—</u>	





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER251  
CERTIFICATE OF DEATH

MARYLAND

Died at *Westminster* <sup>Town</sup>County *Carroll*Date of death *1907* <sup>Month</sup> *Sept* <sup>Day</sup> *4*Age *19* <sup>Years</sup>

Months

Days

Sex *Male*Color or  
Race*Colored*Birth-  
place*Carroll Co Md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*single*Name of Wife or  
HusbandFather's  
Name*John Black*Father's  
Birthplace*Carroll Co Md*Mother's  
Maiden Name*Mary Key*Mother's  
Birthplace*" " "*Name of person giving  
information*John Black*How related  
to deceased*Father*

## CAUSES OF DEATH

*11:05*

Primary

*Cholera Infantum -*

How long

*6 hrs*

Immediate

*Convulsions - Resp. Failure*

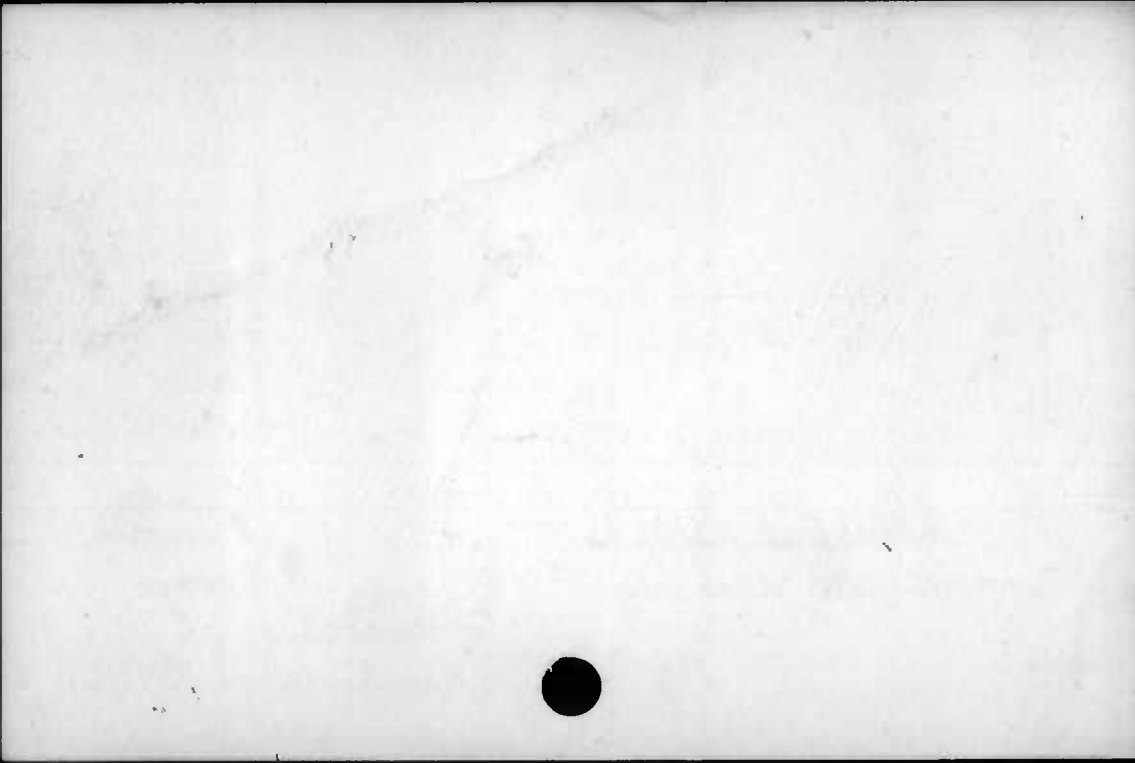
How long

*10 minutes*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*S. S. Senter*

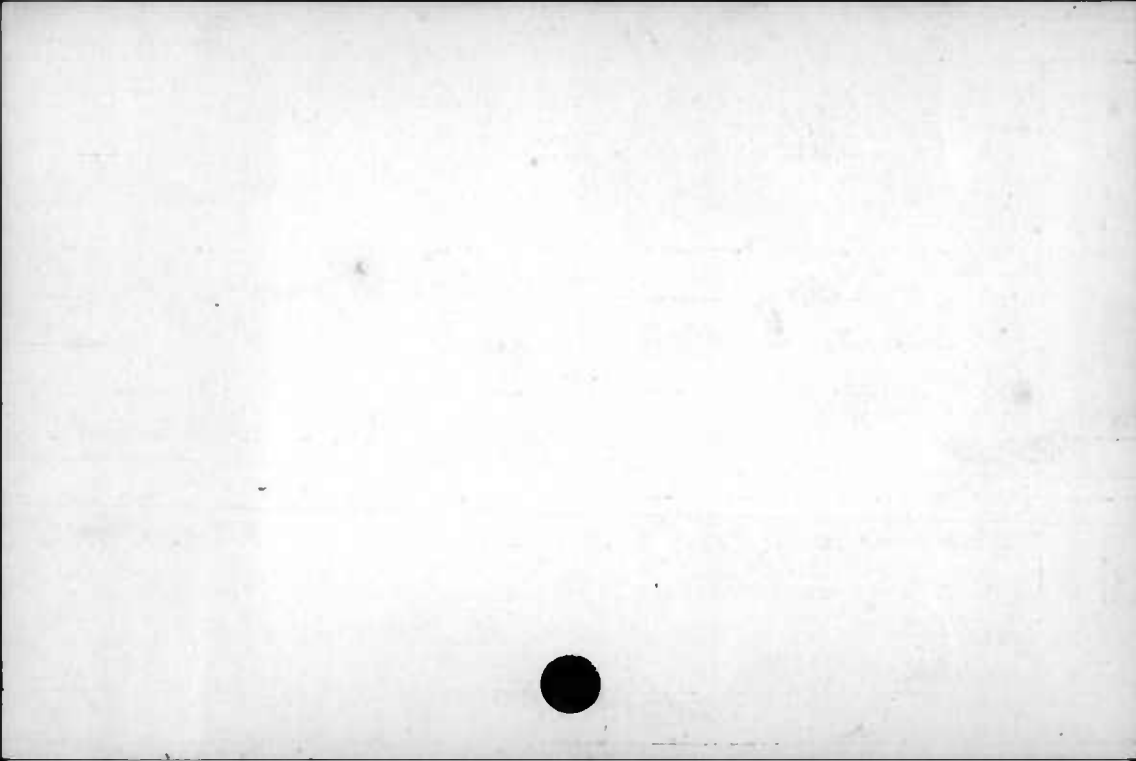
Address

*Westminster  
Md*

Accident or Suicide?



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Finleyburg</i> Town		County <i>Carroll</i>	
		Date of death <i>1907</i> Month <i>Sept</i> Day <i>9</i>		Age <i>29</i> Years Months _____ Days _____	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>Domestic</i>		Birth-place <i>Baltimore city</i>	
		Where Residing if not at place of death _____			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George E. Brandenburg</i>	
		Father's Name <i>Thomas R. Mettler</i>		Father's Birthplace <i>Baltimore city</i>	
Mother's Maiden Name <i>Mary D. Smith</i>		Mother's Birthplace <i>Ga.</i>			
Name of person giving information <i>George E. Brandenburg</i>		How related to deceased <i>Husband</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Interstitial Nephritis</i>		How long <i>120</i> <i>2 months</i>	
		Immediate <i>Acute Uraemia</i>		How long <i>3 days</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Franklin H. Erb.</i>	
		Address <i>Reisterstown Md.</i>			
Accident or Suicide?					



Name in Full

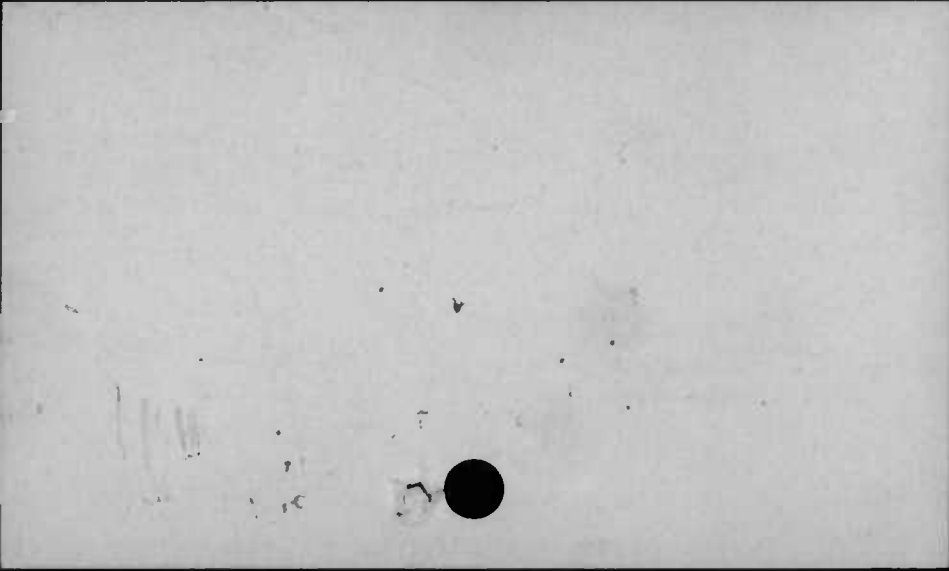
Certificate of Death

Died at		Town <i>Mount Airy.</i>		County <i>Carroll</i>		MARYLAND	
Date 19	07	Month	Sept.	Day	10.	Y.	Age 23.
Male		<del>White</del>		<del>Marrried</del>		<del>Widow</del>	
<del>Female</del>		Colored		Single		<del>Widower</del>	
Husband of				Native of		Occupation	
Wife				Maryland.		Farm Laborer	
Father's Name				Mother's Maiden Name		(34)	
Cause of	Primary	Tuberculosis (General)				How long sick	
Death	Immediate					Accident, Suicide, Homicide	

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Loud - ✓

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Sykesville

County

Carroll

Date  
of death

1907

Month

Sept.

Day

25-

Age

Years

78

Months

Days

Sex

Female.

Color or  
Race

White.

Birth-  
place

Ireland.

Occupation

Domestic

Where Residing if not  
at place of death

Springfield Hospital

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Not Known

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Not Known

Mother's  
Birthplace

Unknown

Name of person giving  
In formation

Not Known

How related  
to deceased

—

## CAUSES OF DEATH

40

Primary

Carcinoma of Liver

How long

Unknown.

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

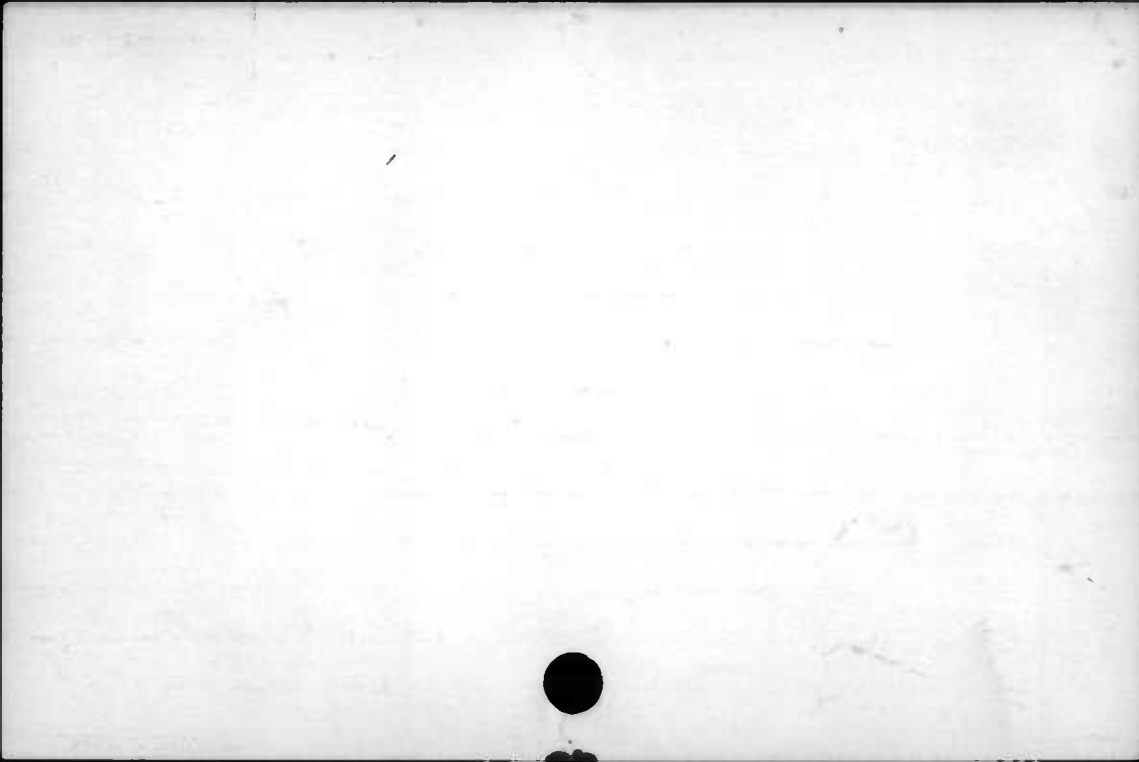
Newton H. Hershner

Address

Springfield Hospital  
Sykesville Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDMargaret Louisa Ecker  
Died at <sup>Town</sup> *Burns creek* <sup>County</sup> *Carroll*Date of death 1907 <sup>Month</sup> *Sept* <sup>Day</sup> *5* <sup>Years</sup> *5* <sup>Months</sup> *5* <sup>Days</sup> *18*Sex *Female* Color or Race *White* Birth-place *Burns creek*Occupation *None* Where Residing if not at place of death *Burns creek*

Married, Single or Widowed Name of Wife or Husband

Father's Name *Howard Ecker*Father's Birthplace *Frederick co*Mother's Maiden Name *Fannie Sharretts*Mother's Birthplace *Carroll*Name of person giving information *Dani Sharretts*How related to deceased *father in law*

## CAUSES OF DEATH

105

Primary *Cholera, Typhoid, Exhaustion.*  
Immediate *Exhaustion.*

How long

How long

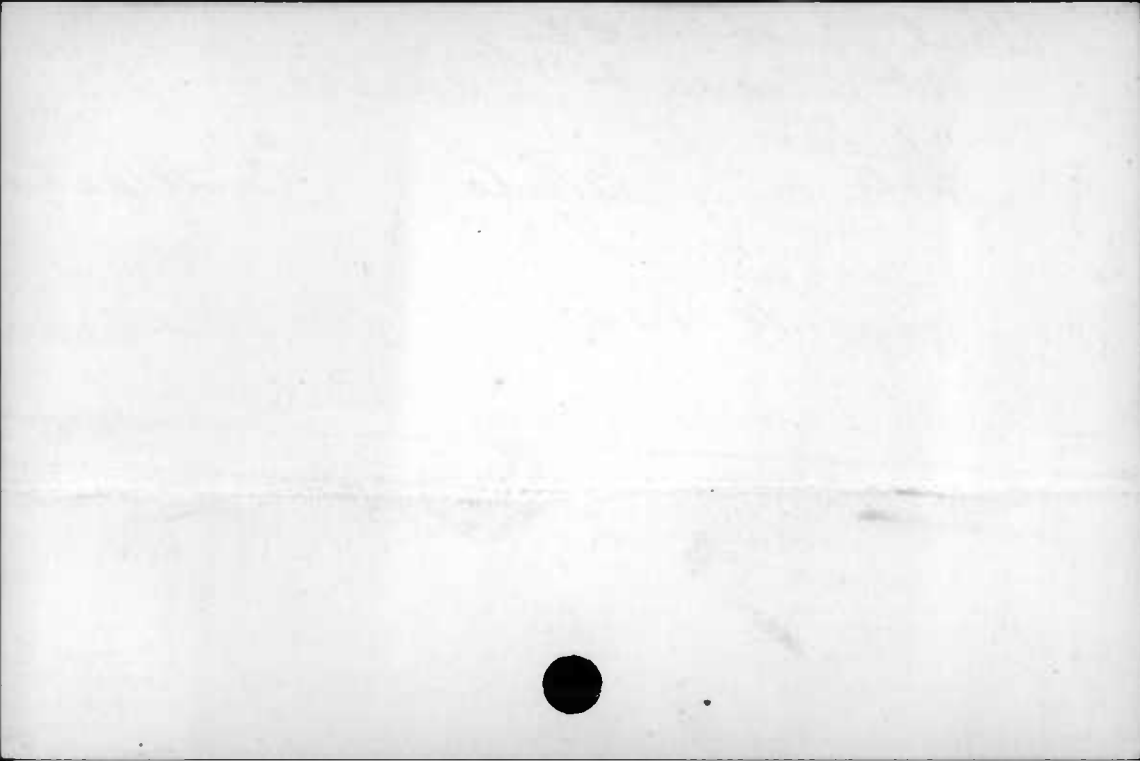
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*A. T. Frank*  
*Taylorville, Md*

Accident or Suicide?



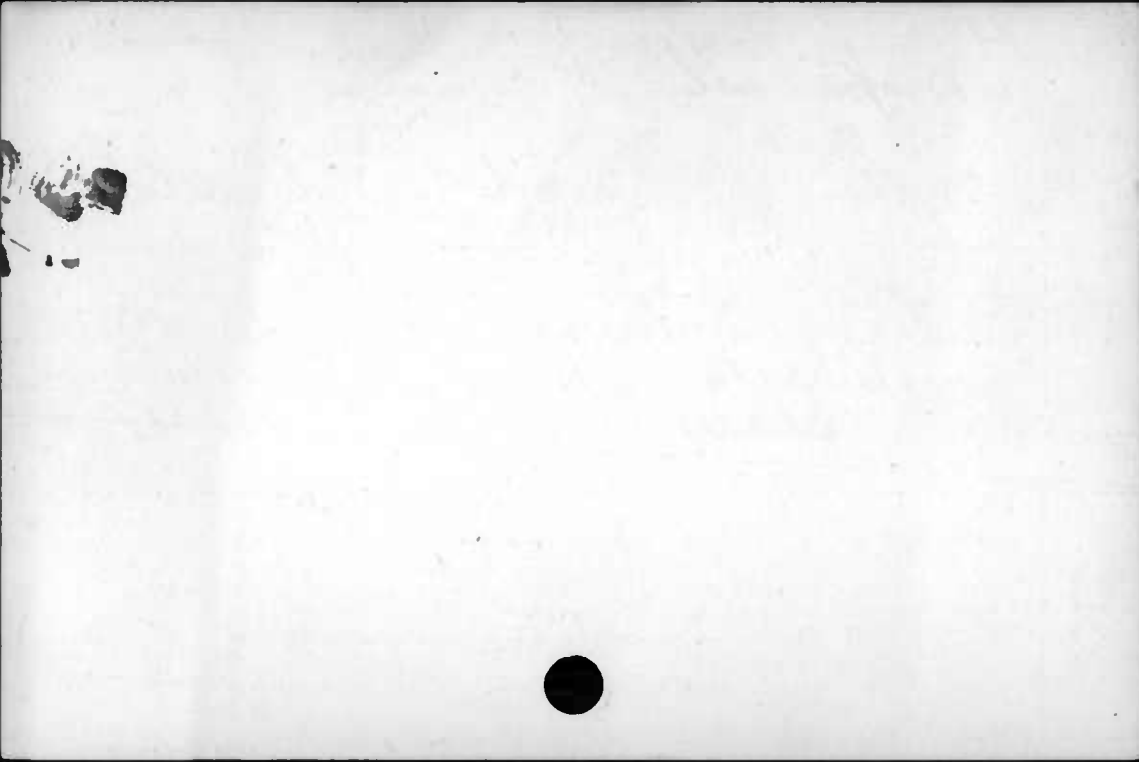
Name  
in  
Full244  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Paul Jacob Essig</i>		Town <i>Wm Pleasant</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	<i>Sept</i>	Day	17	Age	Years — Months 5 Days 8
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth place	<i>Carroll Co Md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Frank Essig</i>					Father's Birthplace	<i>Carroll Co Md</i>
Mother's Maiden Name	<i>Lena Horn</i>					Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Frank Essig</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>151</i>		How long	<i>5 weeks</i>
Immediate	<i>Misadventure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>John Stewart</i>
			Address	<i>Westminster Md</i>
Accident or Suicide?	<i>No</i>			



Name  
in  
Full

Harry Furman

252

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Westminster<sup>County</sup> Carroll

MARYLAND

Date of death 1907 Sept

Day 3

Age Years

Months

Days 4

Sex male

Color or Race

white -

Birthplace

Carroll Co Md

Occupation

none

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Harry Furman

Father's Birthplace

Carroll Co Md

Mother's Maiden Name

Elizabeth McQuibby

Mother's Birthplace

Washington

Name of person giving information

Charles Furman

How related to deceased

Grand Father

## CAUSES OF DEATH

Primary

How long

(151)

Immediate

Transition

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. M. J. Stewart  
Westminster Md

Accident or Suicide?

St Benjaminus Cemetery  
Stoner

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Springfield Hosp. Sykesville* *Canoll*

Date of death | 90 | 7 | Sept | 17 | Age | 73 | Months | Days |

Sex | *Male* | Color or Race | *White* | Birth-place | *M. D.*Occupation | *R. R. Conductor* | Where Residing if not at place of death | *Springfield State Hosp.*Married, Single or Widowed | *Married* | Name of Wife or Husband | *Unknown*Father's Name | *William Gallows* | Father's Birthplace | *Unknown*Mother's Maiden Name | *Unknown* | Mother's Birthplace | *Unknown*Name of person giving information | *Hospital Record* | How related to deceased | *—*

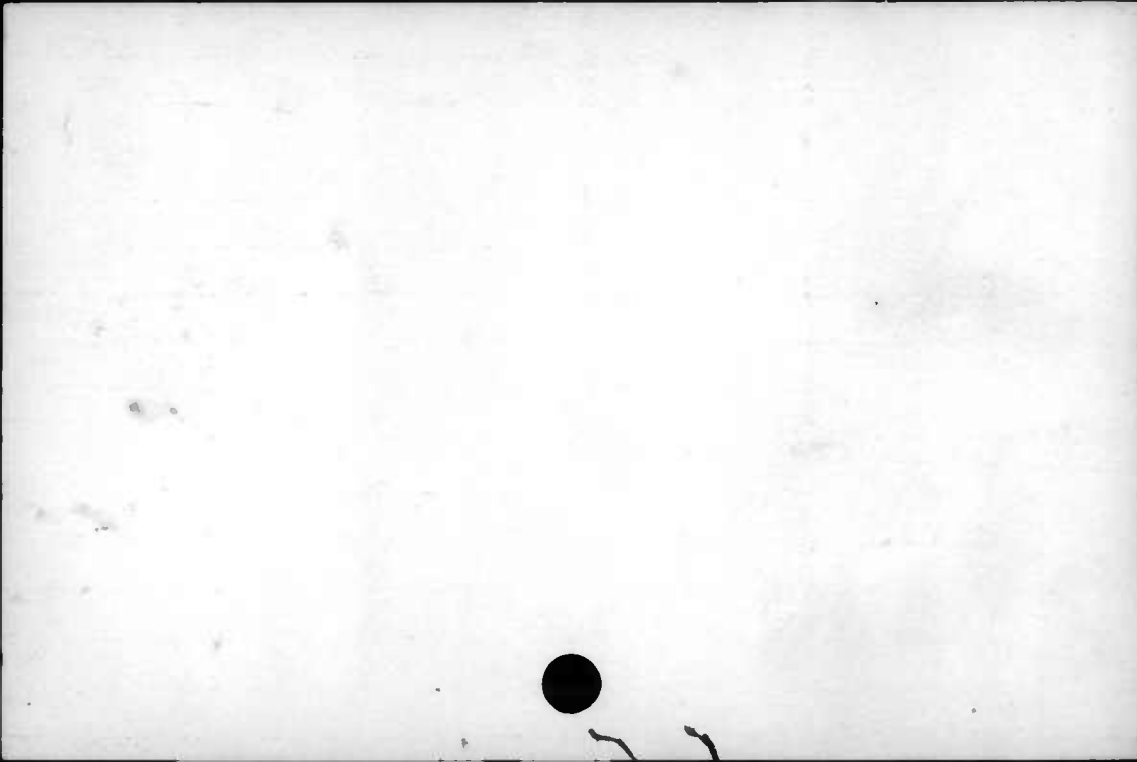
## CAUSES OF DEATH

(154)

Primary | *Senile Dementia* | How long | *14 mos.*Immediate | *Exhaustion* | How long | *3 days*Are the name, age, sex, color, date and place correctly given above? | *yes*Signature of Physician | *J. C. Clark M.D.*Address | *Sykesville**J*

Accident or Suicide?

*mu*





Name  
in  
Full

Henry

Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

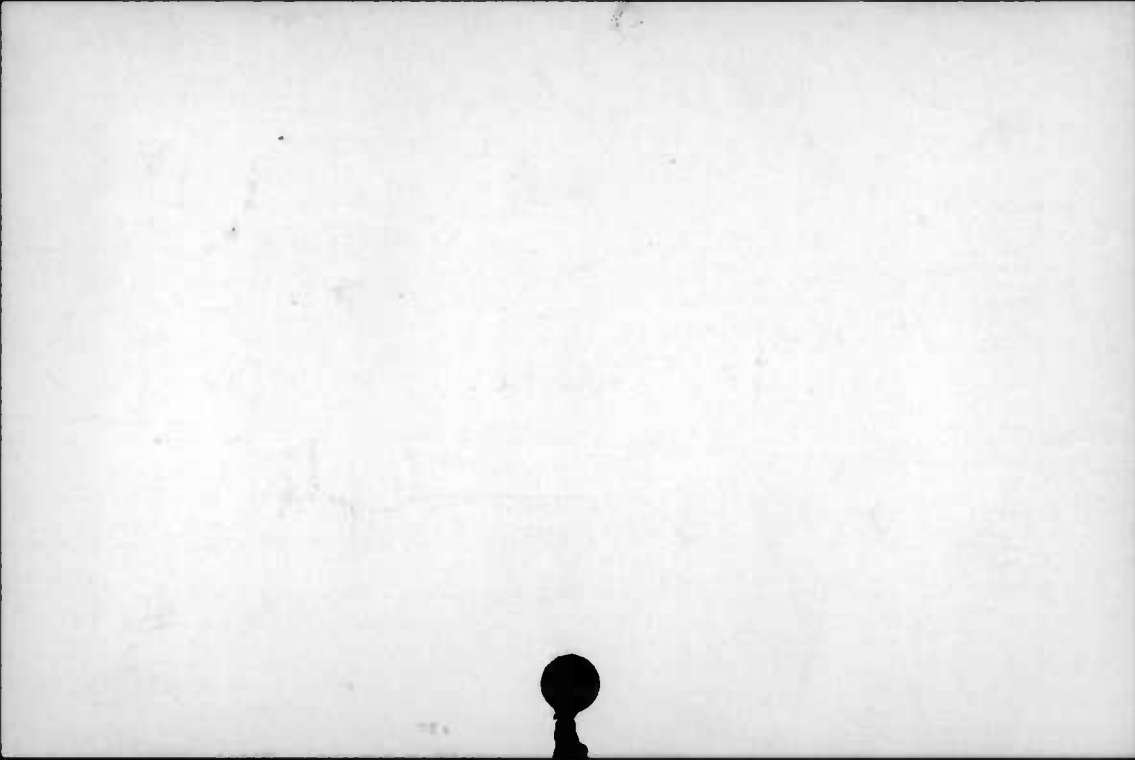
Died at <i>Disch</i> <sup>Town</sup> <i>no. 6</i>		<i>Barroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>9</i>	Day <i>15</i>	Years <i>51</i>	Months <i>5</i>	Days <i>18</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>residence</i>		
<del>Married, Single or Widowed</del> <i>Widower</i>	Name of Wife or Husband <i>Harriett Cranmer</i>		<i>1 Dec's!</i>		
Father's Name <i>Henry Garrett</i>	Father's Birthplace <i>Barroll and</i>		<i>over 20 minutes</i>		
Mother's Maiden Name <i>Harriet Cranmer</i>	Mother's Birthplace <i>Goldsboro, Pa.</i>				
Name of person giving information <i>Henry D. Garrett</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

(81)

PHYSICIAN  
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>3 years</i>
Immediate <i>Jaundice</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John S. Ziegler</i>
<i>9</i>	Address <i>Melrose Md</i>
Accident or Suicide?	



Name  
in  
Full

Elizabeth Ann - Gosnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Marston <sup>County</sup> Carroll

Date of death 1907 <sup>Month</sup> Sept <sup>Day</sup> 27 <sup>Years</sup> 82 <sup>Months</sup> X <sup>Days</sup> X

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Maryland

Occupation House wife <sup>Where Residing if not at place of death</sup> With Son in law

<sup>Married, Single or Widowed</sup> Widowed <sup>Name of Wife or Husband</sup> Levi Gosnell

<sup>Father's Name</sup> Unknown <sup>Father's Birthplace</sup> Md.

<sup>Mother's Maiden Name</sup> Not known <sup>Mother's Birthplace</sup> Md.

<sup>Name of person giving In formation</sup> Harry Blitley <sup>How related to deceased</sup> In no way

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

<sup>Primary</sup> Insufficiency of age <sup>How long</sup> X  
<sup>Immediate</sup> Exhaustion <sup>How long</sup> X

<sup>Are the name, age, sex, color, date and place correctly given above?</sup> Yes <sup>Signature of Physician</sup> Sappington & Pearre

<sup>Address</sup> Unionville  
Maryland.  
<sup>Accident or Suicide?</sup>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

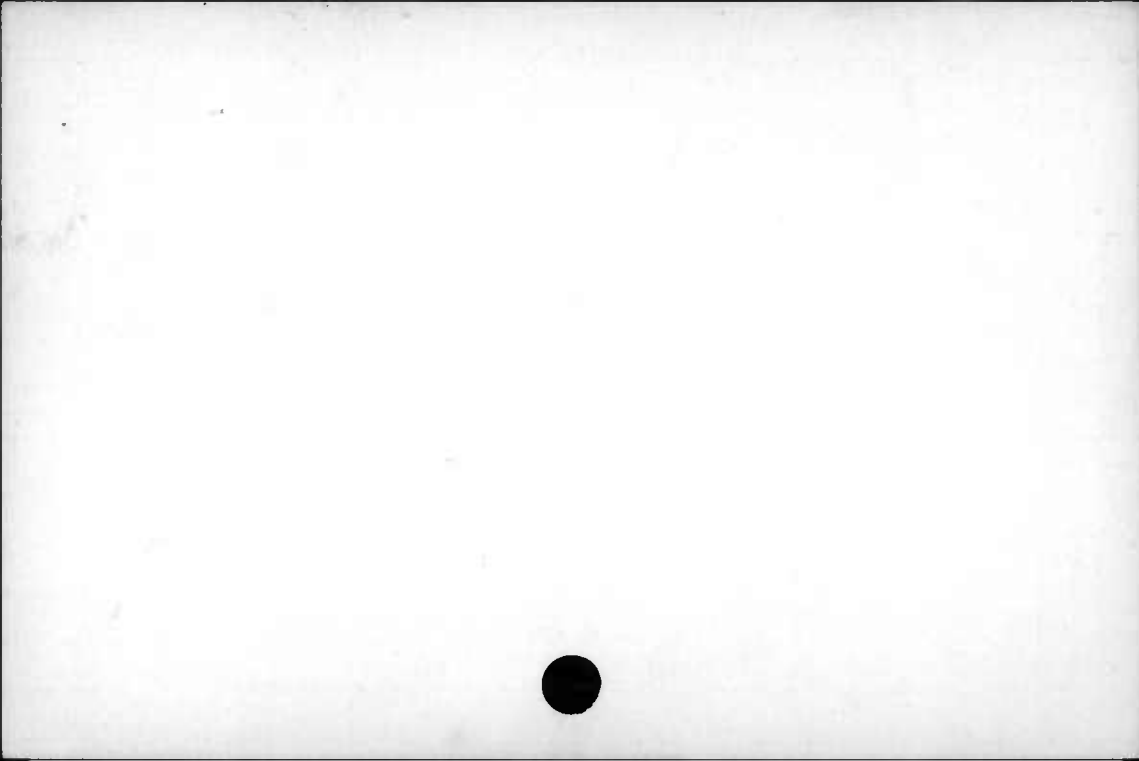
Name in Full <i>Miles C. Grogg</i>		Town <i>Hampstead</i>		County <i>Harroll</i>		MARYLAND	
Died at		Month <i>7</i>		Day <i>3</i>		Years <i>38</i>	
Date of death <i>1907</i>		Month <i>7</i>		Day <i>3</i>		Age <i>38</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>✓</i>		Months <i>8</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Katherine Grogg</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Florence Crumpton</i>		How related to deceased <i>daughter</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>catarrh of Pithus</i>	How long	<i>2 years</i>
Immediate	<i>Strangulation</i>	How long	<i>12 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. F. Richards</i>	
Address <i>Hampstead Md</i>		Accident or Suicide? <i>✓</i>	



Name  
in  
Full

*Violet Catharine Harry*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Middleburg* <sup>Town</sup> *Carrace* <sup>County</sup>

MARYLAND

Date of death *1907* <sup>Month</sup> *Sept.* <sup>Day</sup> *24* Age *—* <sup>Years</sup> *—* <sup>Months</sup> *7* <sup>Days</sup> *4*

Sex *Female* Color or Race *White* Birth place *Middleburg Md.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Harney Harry* Father's Birthplace *Thos river Md*

Mother's Maiden Name *Lovinia Roseman* Mother's Birthplace *Detour Md*

Name of person giving information *Lovinia Harry* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

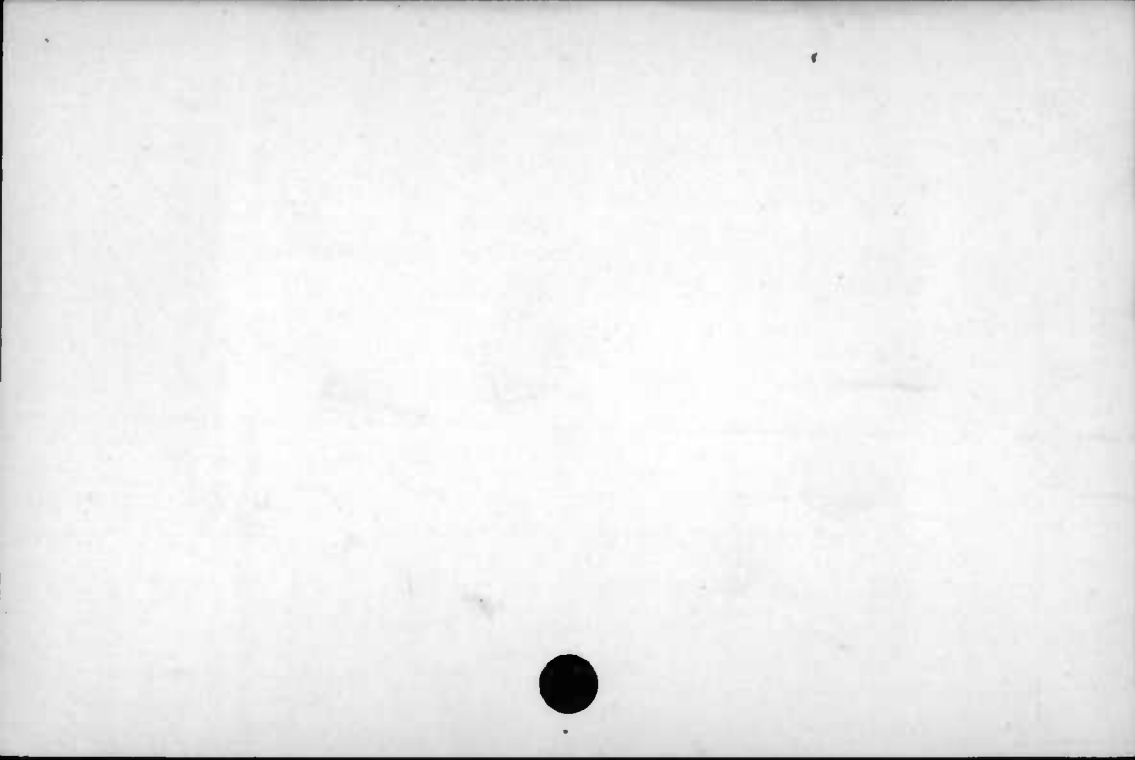
Primary *Malnutrition* *(151)* How long *3 mos*

Immediate *Draughts* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. H. Siler*

Address *Detour Md.*

Accident or Suicide? *—*





Name  
in  
Full

Lydia A Mc Hawn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Caneytown Dist</i>		Town <i>Caneytown</i>		County <i>Barroll</i>		MARYLAND	
Date of death	1907	Month	9	Day	29	Age	58
						Years	5
						Months	27
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Mod</i>
Occupation	<i>House Maid</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband			
Father's Name	<i>Samuel Hawn</i>				Father's Birthplace	<i>Mod</i>	
Mother's Maiden Name	<i>Magdelane Chouse</i>				Mother's Birthplace	<i>Mod</i>	
Name of person giving information	<i>Mary Fogle</i>				How related to deceased	<i>Sister</i>	

## CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>26 days</i>
Immediate	<i>Pulmonary Embolism</i>	How long	<i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Robt. J. J. J.</i>
		Address	<i>Caneytown</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Baby Horney  
Died at *New Hillsboro* <sup>Town</sup> *Coral* <sup>County</sup>

MARYLAND

Date of death 1907 <sup>Month</sup> 9 <sup>Day</sup> 13 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> 16

Sex *Male* Color or Race *White* Birth-place *Se*

Occupation *\_\_\_\_\_* Where Residing if not at place of death *\_\_\_\_\_*

Married, Single or Widowed *\_\_\_\_\_* Name of Wife or Husband *\_\_\_\_\_*

Father's Name *A. A. Horney* Father's Birthplace *Talbot Co. Md.*

Mother's Maiden Name *Laney E. Deva* Mother's Birthplace *Queen Anne Md.*

Name of person giving information *Father* *(105)* How related to deceased *\_\_\_\_\_*

*They gave it Cordial & Syrup (Pain & Rub)*  
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Don't know, never saw it - I gave* How long *\_\_\_\_\_*

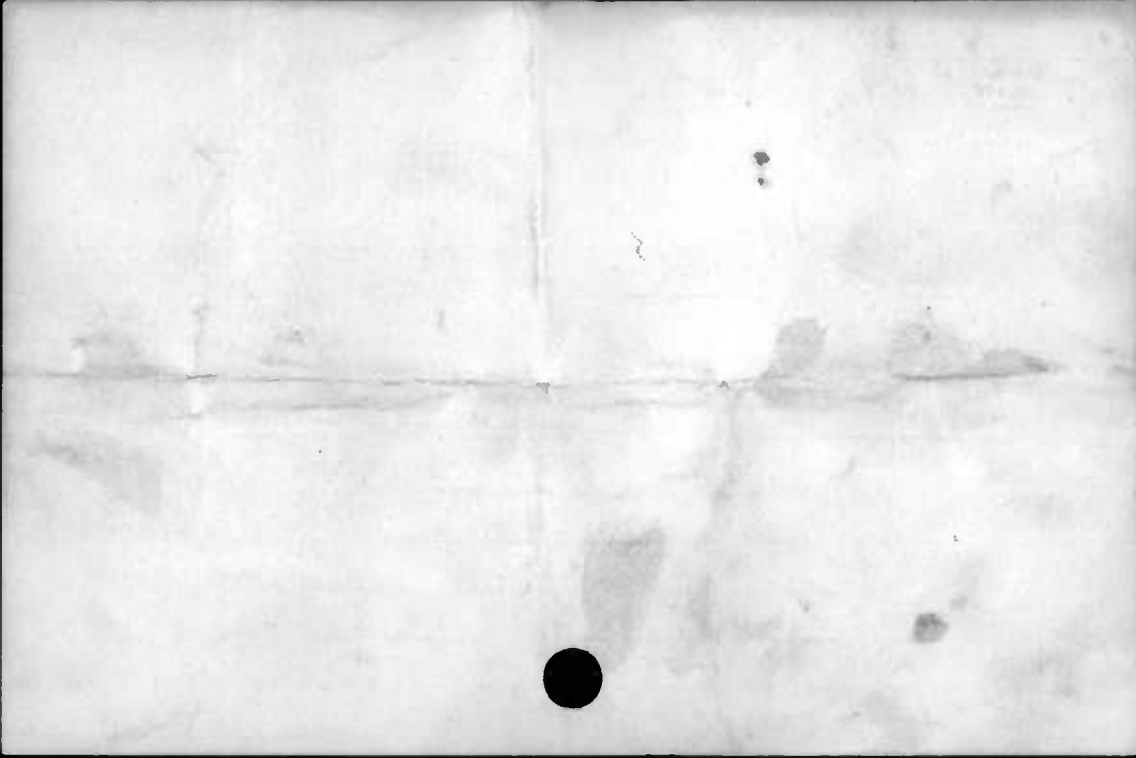
Immediate *Father some medicine for diarrhoea for it* How long *\_\_\_\_\_*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Robley Hackett*

Address *Queen Anne*

Accident or Suicide? *\_\_\_\_\_*



Name  
in  
Full

Catherin H Hyser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oak Grove</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	9	Day	13	Age	Years
						Months	2
						Days	10
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>
Occupation							Where Residing if not at place of death
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Howard Hyser</i>				Father's Birthplace
							<i>Ind</i>
Mother's Maiden Name			<i>Florence Harnish</i>				Mother's Birthplace
							<i>Ind</i>
Name of person giving information			<i>Samuel Harnish</i>				How related to deceased
							<i>Grand-father</i>

## CAUSES OF DEATH

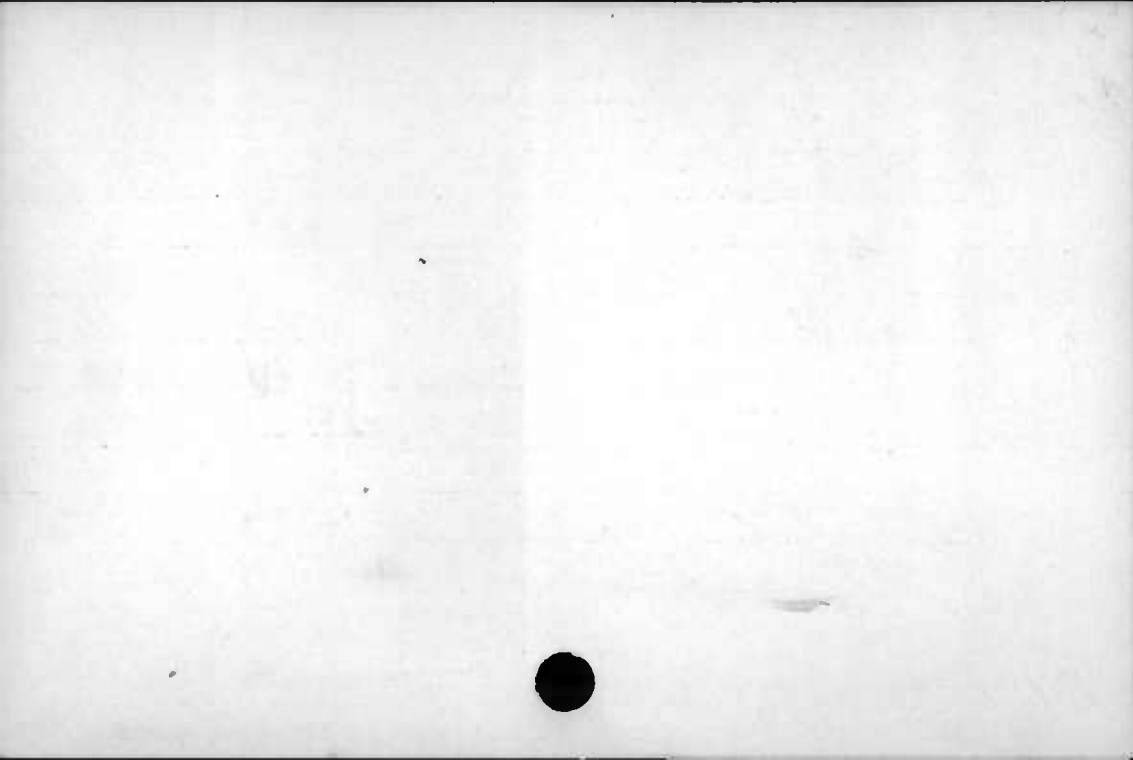
105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 days</i>
Immediate	<i>Genl Infection</i>	How long	<i>1 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Charles D. Prop</i>	
		Address	
		<i>2 Tarrytown</i>	
		<i>Dutch -</i>	
Accident or Suicide?			



Name in Full		Infant child of Mary A. Johnson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Paneytown	County Carroll	MARYLAND		
		Date of death		1907	Month Sept	Day 22	Age	Years —
						Months —	Days None	
		Sex		Female		Color or Race	Colored	
		Occupation		None		Birth-place	Paneytown	
						Where Residing if not at place of death		
		Married, Single or Widowed		Single		Name of Wife or Husband		
				None				
		Father's Name		George Anthony Fearing		Father's Birthplace		
						Paneytown		
		Mother's Maiden Name		Mary Anna Johnson		Mother's Birthplace		
						Paneytown		
		Name of person giving information		Mary Anna Johnson		How related to deceased		
						Mother		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Still born		How long		
						No time		
		Immediate		Still born		How long		
						no time		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		C. M. Benner, M.D.
				Address		Paneytown, Md.		
		Accident or Suicide?						





Name  
in  
Full

William E. Jones.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

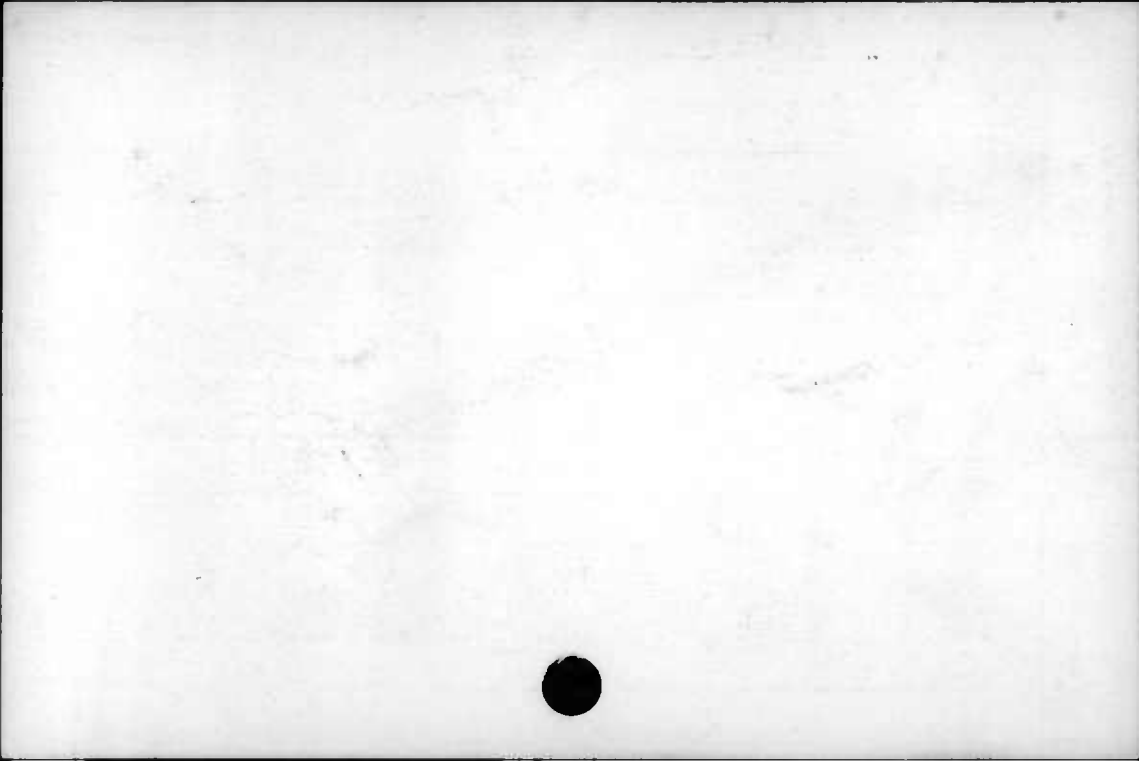
Died at <i>Oakland</i>		County <i>Carroll</i>		MARYLAND	
Date of death	Month <i>Sept.</i>	Day <i>28.</i>	Age <i>—</i>	Months <i>1.</i>	Days <i>14.</i>
Sex <i>Male.</i>	Color or Race <i>White.</i>		Birth-place <i>Maryland.</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>Place of death.</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Jones.</i>		Father's Birthplace <i>Maryland.</i>			
Mother's Maiden Name <i>Elizabeth Green.</i>		Mother's Birthplace <i>Maryland.</i>			
Name of person giving information <i>Elizabeth Green Jones.</i>		How related to deceased <i>Mother.</i>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Mal. Assimilation.</i>	How long <i>From Birth.</i>
Immediate <i>Marasmus.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm. N. Ward, M.D.</i>
<i>—</i>	Address <i>Harrisville.</i>
Accident or Suicide? <i>—</i>	<i>Ballo Co. Md.</i>



Name  
in  
Full

Rosina Kratz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Greenmount		County Baltimore		MARYLAND	
Date of death		Month Sept.	Day 28	Years 54		Months 6	Days 1
Sex Female		Color or Race Caucasian		Birth- place Baltimore			
Occupation Housekeeper		Where Residing if not at place of death Baltimore					
Married, Single or Widowed Widowed		Name of Wife or Husband Gerald Kratz					
Father's Name Ernest W. Ullrich		Father's Birthplace Germany					
Mother's Maiden Name Magdalena Ullrich		Mother's Birthplace Germany					
Name of person giving Information Ernest W. Kratz		How related to deceased Son					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

How long

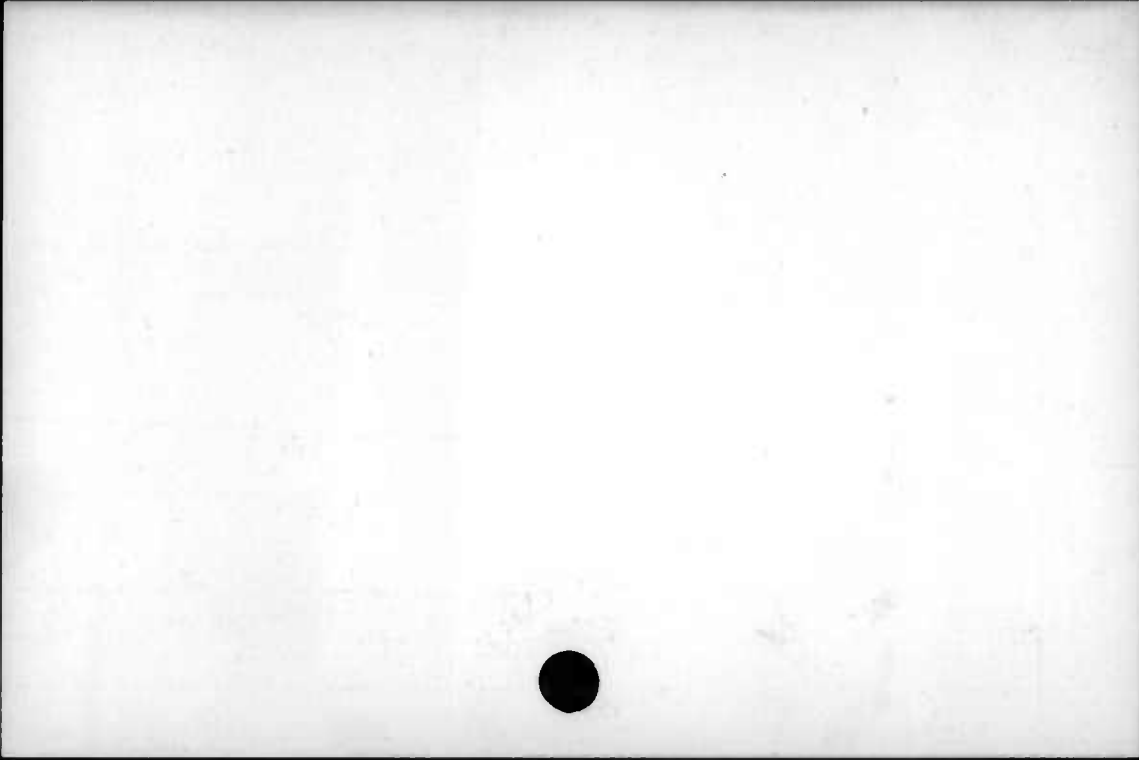
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Annie Kopperschmidt* -

Town *Sykesville* County *Carroll Co* -

MARYLAND

Died at *Sykesville*

Date of death *1907* Month *Sept* Day *15th* Age *43* -

Sex *Female* - Color or Race *White* Birth-place *Germany*

Occupation *Domestic* Where Residing if not at place of death *Germany*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Fred Kopperschmidt* Father's Birthplace *Germany*

Mother's Maiden Name *Dorothea Kabers* Mother's Birthplace *Germany*

Name of person giving information *Can't say* How related to deceased *—*

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary *Chronic Hepatitis* How long *3 years -*

Immediate *Pulmonary Edema & Embolism* How long *2 days -*

Are the name, age, sex, color, date and place correctly given above? *Yes* -

Signature of Physician *Newton H. Herschler*

Address *Sykesville Md.*

Accident or Suicide? *—*



Name  
in  
Full

Theodore F Lang

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

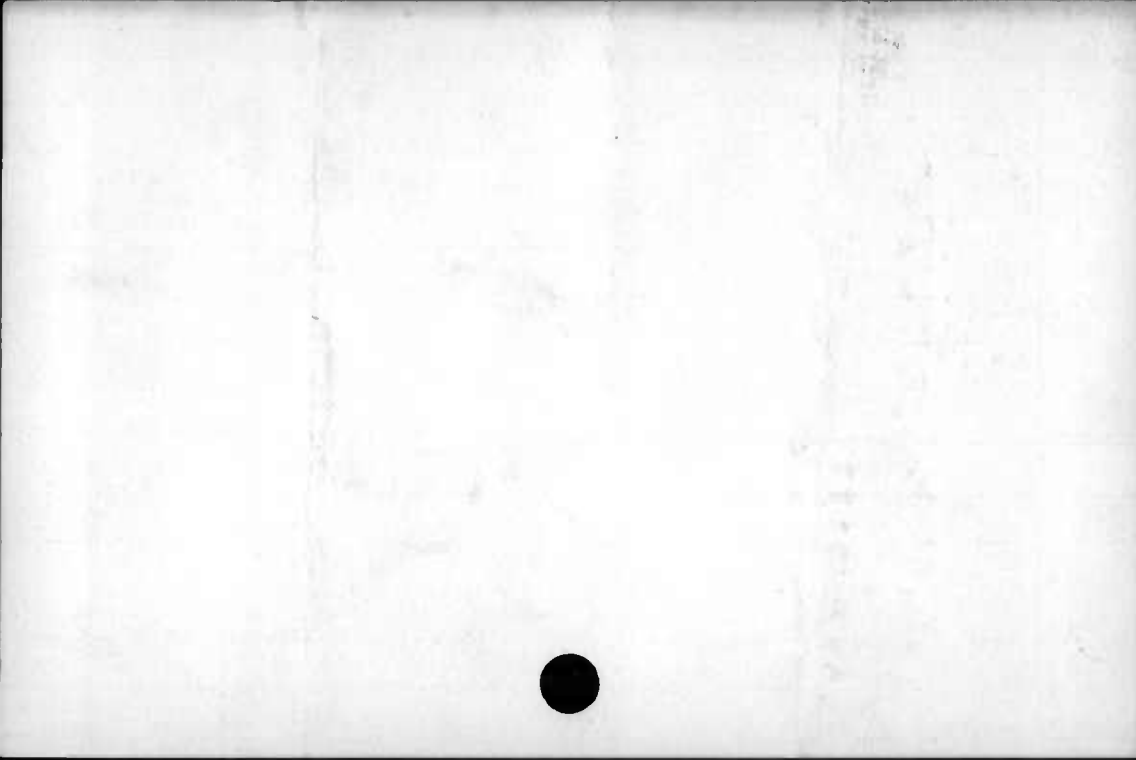
Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept.</i>	Day <i>27</i>	Age <i>74</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>N. Va.</i>		
Occupation <i>Gov't Employee</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>James Lang</i>	Father's Birthplace <i>N. Va.</i>				
Mother's Maiden Name <i>Areneth Bartlett</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Hospital records</i>		How related to deceased			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Senile dementia</i>	How long <i>21 months</i>
Immediate <i>General debility</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. J. Carey</i>
	Address <i>Sykesville Md</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

Charles Elmer Faininger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Tarrytown</i>		County <i>Cattaraugus</i>		MARYLAND	
Date of death	1907	Month <i>9</i>	Day <i>25</i>	Age	Years	Months <i>5</i>	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Ind</i>
Occupation	<i>Infant</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband				
Father's Name	<i>Maurice A Faininger</i>					Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Grace R Selby</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving In formation	<i>Father</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

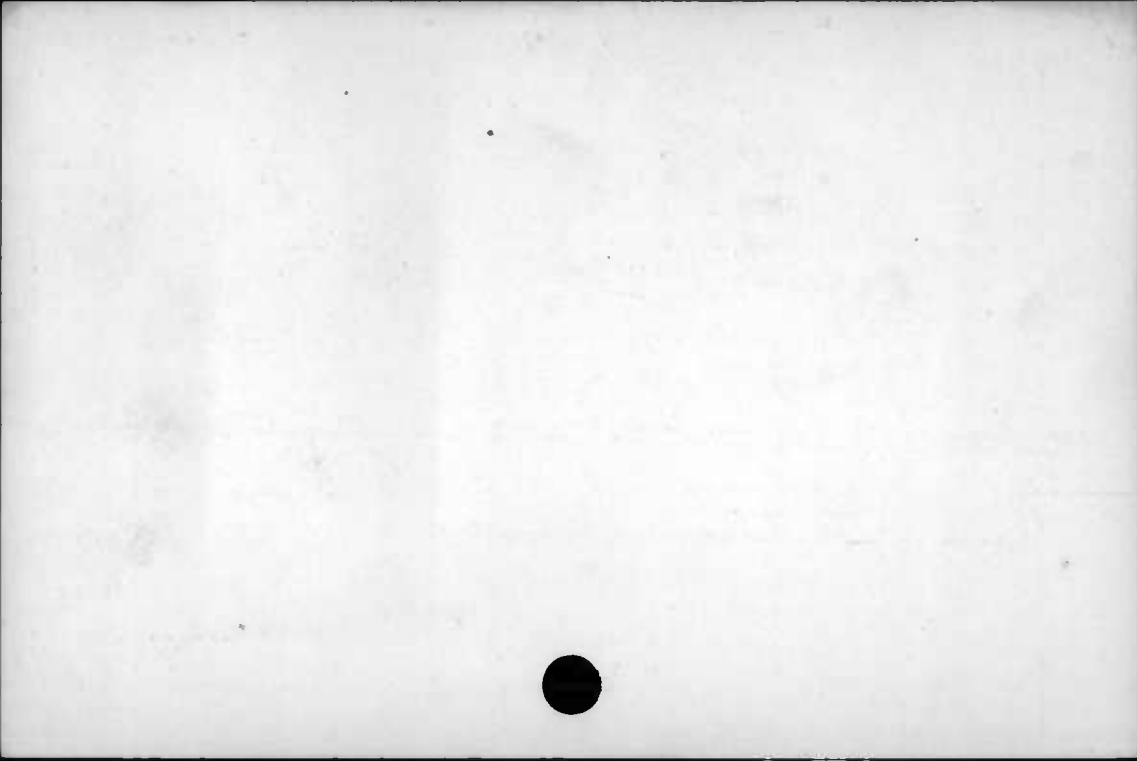
105

PHYSICIAN  
OR CORONER

Primary	<i>Acute Milk Infection</i>	How long	<i>5 days</i>
Immediate	<i>Genl Infection &amp; Exhaustion</i>	How long	<i>1 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Charles S. Roop M.D.</i>
		Address	<i>Tarrytown</i>
			<i>Ind.</i>
Accident or Suicide?			



Name in Full		Howard J. Lemmon				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month		Day		Age	
	1907		9		14		9 21	
	Sex		Color or Race		Birth-place			
	Male		White		Ind			
	Occupation		Where Residing if not at place of death					
	Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace						
Mother's Maiden Name		Mother's Birthplace						
Name of person giving information		How related to deceased						
		Howard Lemmon		Mod				
		Mary E Erb		Mod				
		Mary E Lemmon		Mother				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		How long					
	Acute Milk Intoxication		2 days					
	Immediate		How long					
	Sept Intoxication & Exhaustion		6 hours					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address				
		Charles D. Rupp		Taneytown				
				Ind				
Accident or Suicide?								



Name  
in  
Full

*Zachariah Mort*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tyrone</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>9</i>	Day <i>29</i>	Age <i>68</i> Years	<i>3</i> Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>George Mort</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Sam H. Harman</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Disease mitral valve</i>	How long	<i>unknown</i>
Immediate	<i>Disease mitral valve</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Let. J. Smith</i>	
<i>Yes</i>		Address <i>Taney Town</i>	
Accident or Suicide?			

Winters Church

Name

in  
Full

Ethel Irene Myers

246

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Westminster* TownCounty *Carroll*Date  
of death *1907*

Month

*Sept*

Day

*24*

Age

Year

*5-*

Months

*8*

Days

*21*

Sex

*Female*Color of  
Race*White*Birth-  
place*Md.*

Occupation

*None*Where Residing if not  
at place of deathMarried, Single  
or Widowed*single*Name of Wife or  
HusbandFather's  
Name*David N. Myers*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Emma E. Matthews*Mother's  
Birthplace*Md.*Name of person giving  
Information*David N. Myers*How related  
to deceased*Father*

## CAUSES OF DEATH

9

Primary

*Membrane Croup*

How long

*24 hrs*

Immediate

*Heart failure*

How long

*8 hrs*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Chas. R. Fournier*

Address

*Westminster  
Md.*

Accident or Suicide?

Shaner

Shannon

24 41



Name

in  
Full

Margaret Oliver

## CERTIFICATE OF DEATH



TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sykesville</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>7</u> <sup>Month</sup> <u>Sept</u> <sup>Day</sup>		<u>22</u> - <sup>Age</sup> <u>72</u> - <sup>Years</sup>		<u>      </u> <sup>Months</sup> <u>      </u> <sup>Days</sup>	
Sex <u>Female</u> -		Color or Race <u>White</u> -		Birth-place <u>Maryland</u> -	
Occupation <u>Seamstress</u>		Where Residing if not at place of death <u>Springfield S. Hospital</u>			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>John Watson</u>			
Father's Name <u>John Watson</u>		Father's Birthplace <u>Ireland</u> -			
Mother's Maiden Name <u>Nellie Lytle</u>		Mother's Birthplace <u>Ireland</u> -			
Name of person giving information <u>Miss Marion Oliver</u>		How related to deceased <u>Daughter</u> -			

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary	<u>Typhoid fever with Pneumonia</u>	How long	<u>15 days</u> -
Immediate	<u>Intestinal Hemorrhage</u>	How long	<u>2 days</u> -
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> -		Signature of Physician <u>Newton H. Hershner</u> -	
		Address <u>Springfield S. Hospital</u> <u>Sykesville Md.</u>	
			
Accident or Suicide? <u>      </u>			



Name  
in  
Full

Mary Parker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Windsor</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>28</i>	Years <i>87</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Virginia</i>		
Occupation <i>Domestic Help</i>	Where Residing if not at place of death <i>New Windsor Md</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Anthony Parker</i>				
Father's Name <i>Adrew Jackson</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Hannah Jackson</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>Mary Patterson</i>	How related to deceased <i>no</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Debility</i>	<i>1574</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>		How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Brown</i>	
	Address <i>New Windsor</i>	
Accident or Suicide?	<i>Maryland</i>	



Name  
in  
Full

Annie B Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

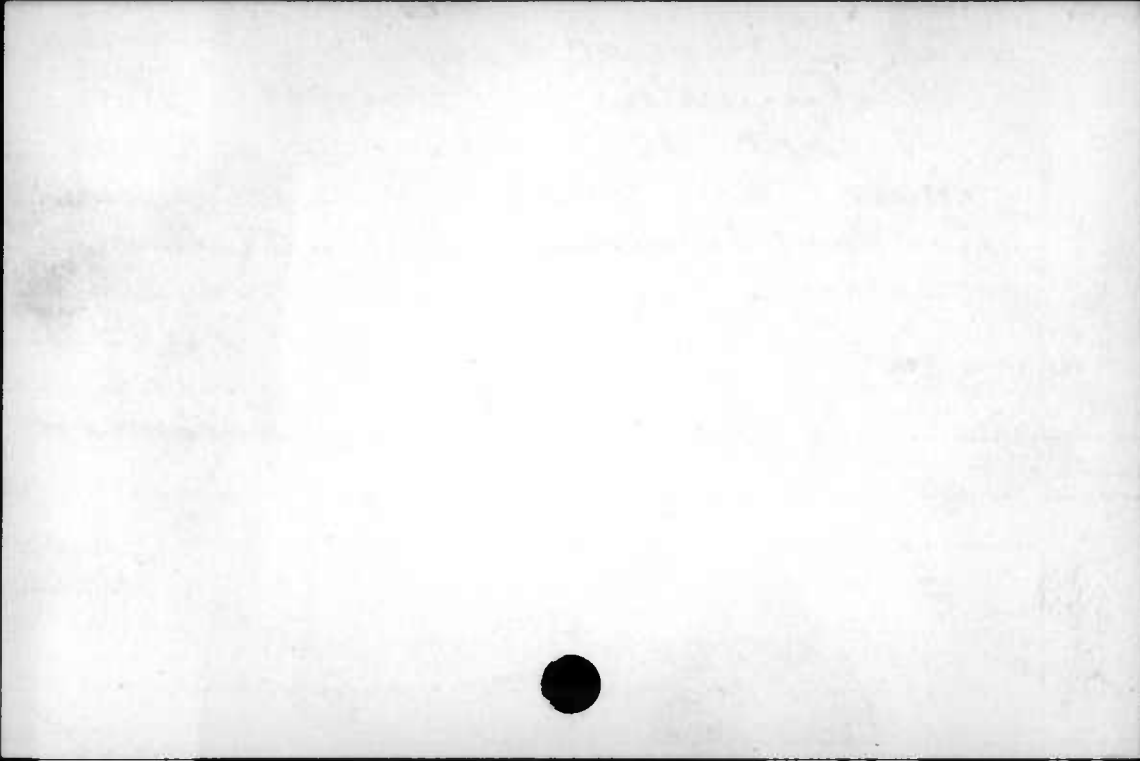
Died at <i>Lancetown</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>9</i>	Day <i>29</i>	Age <i>70</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co. Md</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John W Payne</i>				
Father's Name <i>Joseph Eck</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Barbara Wolf</i>	Mother's Birthplace <i>Px</i>				
Name of person giving information <i>Ezra and Mrs Beaver</i>	How related to deceased <i>Friend</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Organic disease of heart</i>	How long <i>Do not know</i>
Immediate <i>Heart failure</i>	How long <i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. Davis</i>
	Address <i>Lancetown Md.</i>
Accident or Suicide? <i>No</i>	

79



Name  
in  
Full

Hilda Marguerite Polster

No 239  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Shipley P. O.		Carroll		MARYLAND	
Date of death		1907	Sept.	12	Age	4	12
Sex		F.		Color or Race		white	
Occupation				Birth-place		Shipley Md.	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				John D. Poulster			
Mother's Maiden Name				Annie Methea Poyzard			
Name of person giving information				John A. Poulster			
Father's Birthplace				Shipley Carroll			
Mother's Birthplace				Bird Hill Carroll Co. Md.			
How related to deceased				Father			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Gastro enteritis	How long	two days
Immediate	Convulsions	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
1		H. M. Fitchy M.D.	
Address		Westminster, Md.	
Accident or Suicide?		See other side of Card.	

This certificate is issued  
without my having seen  
the deceased at any time,  
and upon information  
furnished by the child's  
father.

Henry M. Fighugh  
9-12-1907



Name  
in  
Full24/  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

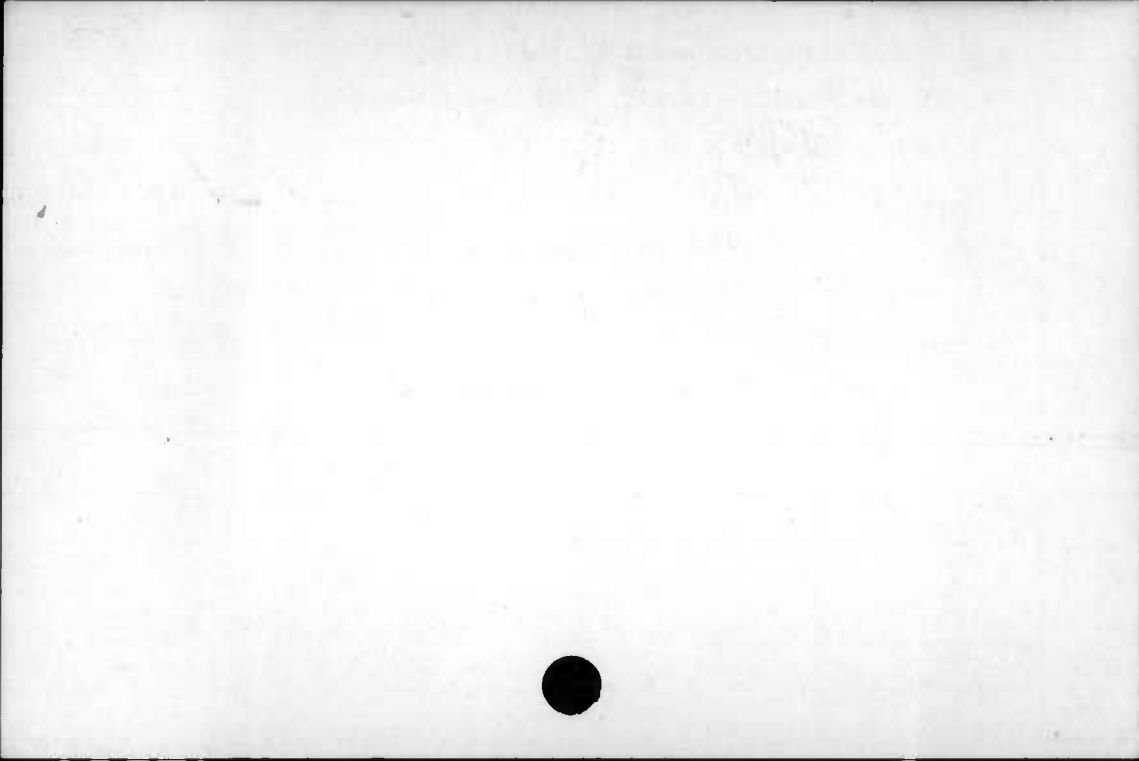
Nathan Herbert Pool  
 Died at <sup>Town</sup> Westminster <sup>County</sup> Carroll  
 Date of death 1907 Sept 13 Age 23 Months 21 Days 21  
 Sex Male Color or Race white Birth-place Maryland  
 Occupation Rail Road Breakman Where Residing if not at place of death Baltimore  
 Married, Single or Widowed Single Name of Wife or Husband  
 Father's Name B Peyton Pool Father's Birthplace Md  
 Mother's Maiden Name Etta V Shepherd Mother's Birthplace " "  
 Name of person giving information B Peyton Pool How related to deceased Father

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary Fell from Western Md train & was killed How long  
 Immediate  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician James F. Ruiker, Coroner  
 Address Westminster  
 Accident or Suicide? Accident Maryland



Name  
in  
Full

## CERTIFICATE OF DEATH

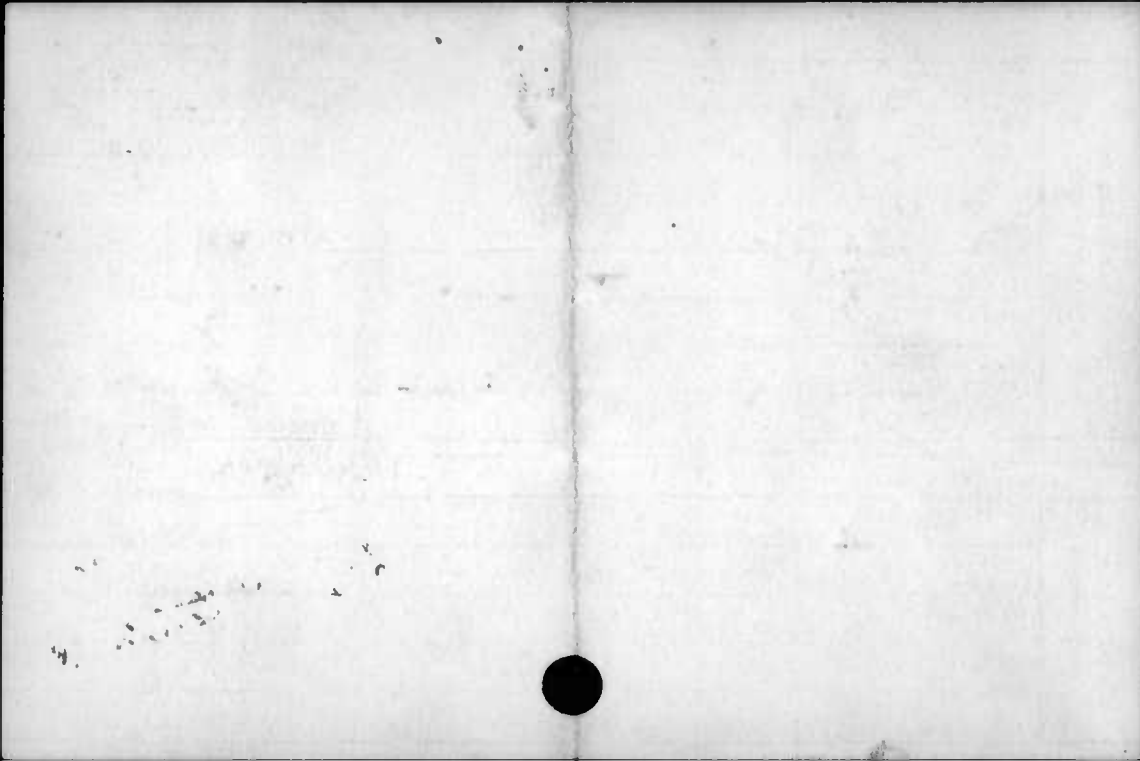
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Henry town</i> Town		<i>Porter</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>30</i>	Age <i>18</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Henrytown</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Isaac W. Porter</i>			Father's Birthplace <i>Carroll Co</i>		
Mother's Maiden Name <i>Ellen M. Reamer</i>			Mother's Birthplace <i>Carroll Co</i>		
Name of person giving information <i>Isaac W. Porter</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enteritis</i>	<b>105</b>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Daniel B. Sprecher</i>	Address <i>Pykeville Md</i>
Accident or Suicide?		



Name  
in  
Full

Frederick Russell Reynolds

240

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	Sept	Day	7
Age	47	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Carroll Co.
Occupation	Laborer		Where Residing if not at place of death <i>Washington, D.C.</i>		
Married, Single or Widowed	married		Name of Wife or Husband <i>Unknown</i>		
Father's Name	<i>Olive Roy Reynolds</i>		Father's Birthplace <i>Carroll Co.</i>		
Mother's Maiden Name	<i>Caroline Johnson</i>		Mother's Birthplace <i>Carroll Co.</i>		
Name of person giving information	<i>Francisanna Edwards</i>		How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	<i>Acute Pleurisy &amp; Bronchitis</i>	How long	<i>6 mos.</i>
Immediate	<i>(Pulmonary Tuberculosis)</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas R Foutz</i>
		Address	<i>Westminster, Md.</i>
Accident or Suicide?			

Ellsworth Leinster  
Storer

Name  
in  
Full

Angelina Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

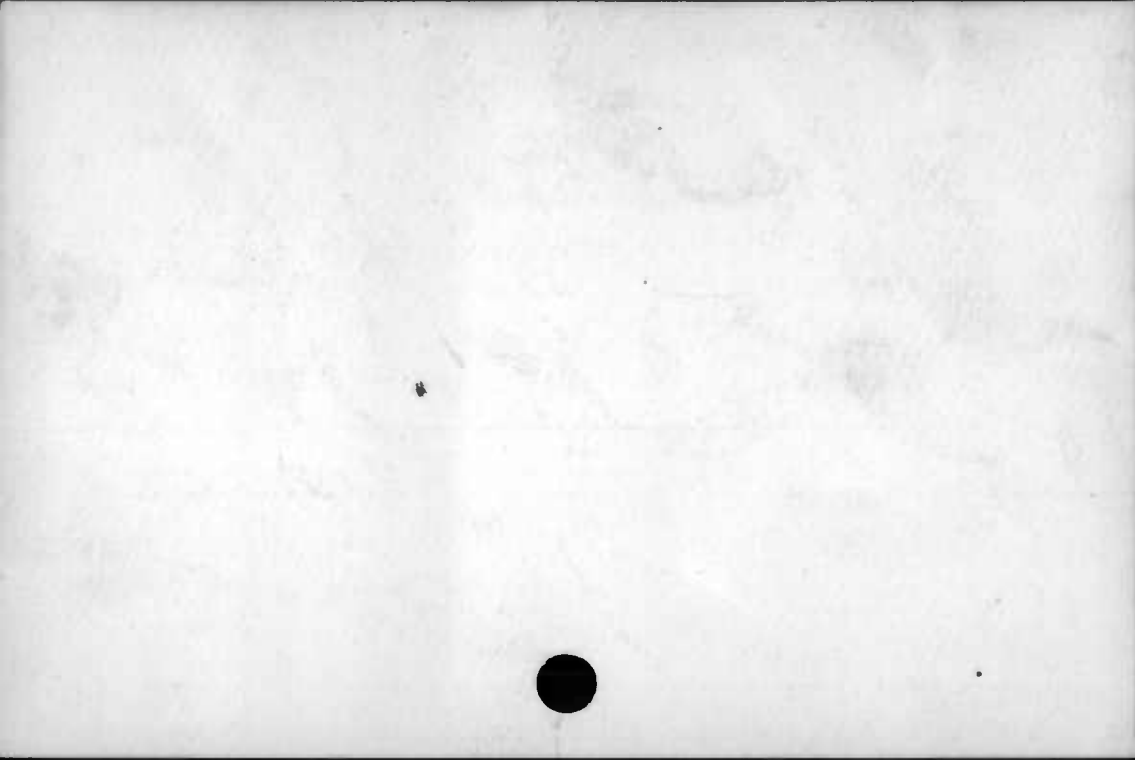
Died at		Town		County	
Near Sykesville		Cecrall			
Date of death		Month	Day	Years	Months
1902		Sept	21	78	17
Sex	Female	Color or Race	White	Birth-place	Montgomery Co
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband		
Father's Name		Geo. Hackney		Father's Birthplace	
Mother's Maiden Name		Jane Kniser		Mother's Birthplace	
Name of person giving information		Mrs. Mary Jane Hobbs		How related to deceased	
				Half Sister	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Valvular Heart Disease		How long	About 3 yrs.
Immediate	Anasarca from same		How long	8 mos.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Sykesville, Md.	
Accident or Suicide?				





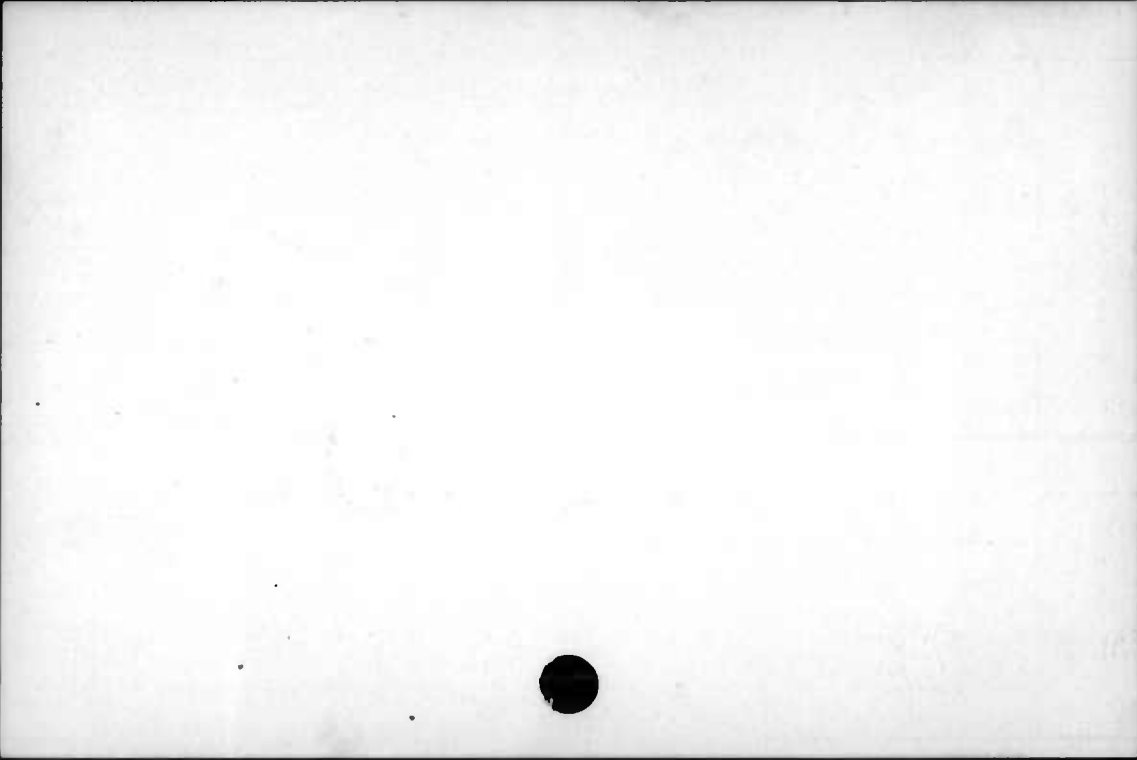
Name  
in  
Full238  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pleasant Valley</i> <sup>Town</sup>		<i>Ganoll</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>6</i>	Age <i>47</i>	Months <i>8</i>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Pleasant Valley</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Baltimore Ind.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Roller</i>				
Father's Name <i>Philip Humbert</i>	Father's Birthplace <i>Silver Run Ind.</i>				
Mother's Maiden Name <i>Elisafane Bowers</i>	Mother's Birthplace <i>Pleasant Valley Ind.</i>				
Name of person giving information <i>Elisafane Bowers</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>6 days</i>
Immediate <i>Intestinal haemorrhage</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>V. Lewis Wetzel M.D.</i>
	Address <i>Union Mills Ind.</i>
Accident or Suicide? <i>9</i>	



Name  
in  
Full

With Rook

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

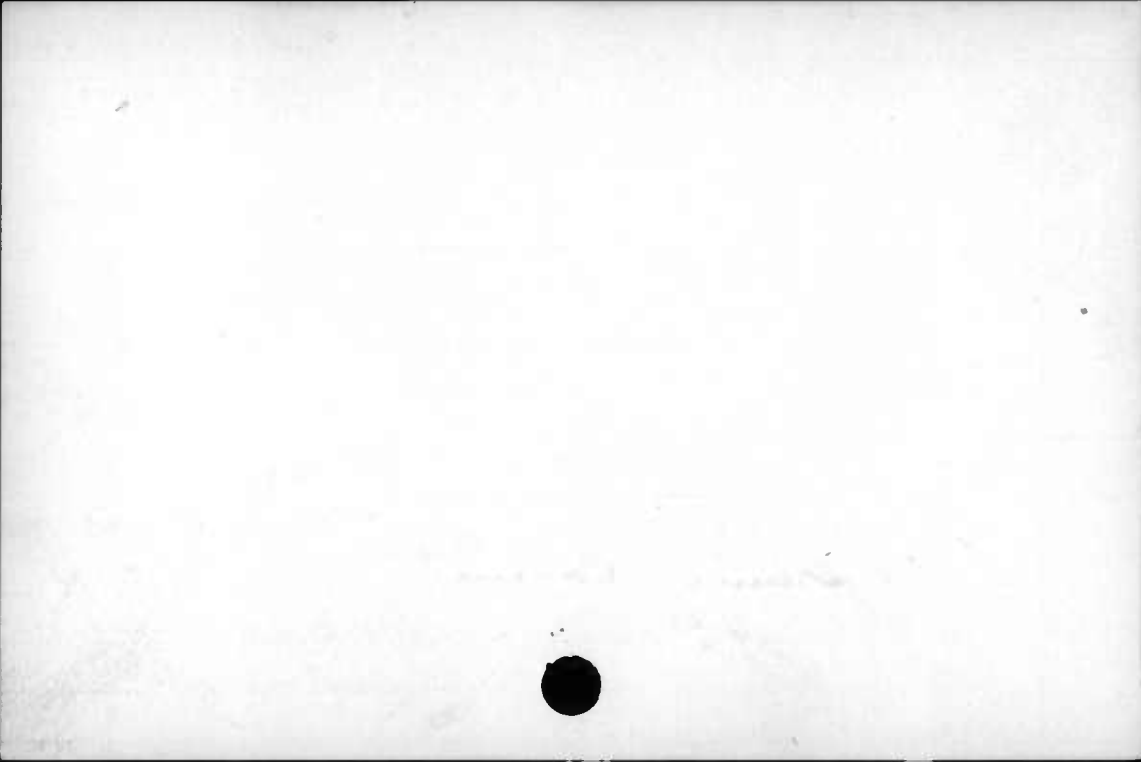
Died at <sup>Town</sup> Uniontown		<sup>County</sup> Carroll		MARYLAND	
Date of death	1907	Month	Sept.	Day	6
Age	86	Years		Months	2
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House Wife		Where Residing if not at place of death		
<del>Married, <sup>or</sup> Widowed</del>	Widowed		Name of Wife or Husband		
Father's Name	William Gosnell			Father's Birthplace	do not know
Mother's Maiden Name	Matilda Sellman			Mother's Birthplace	Maryland
Name of person giving information	Melvin W. Rostson			How related to deceased	Grand Son

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Facility	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

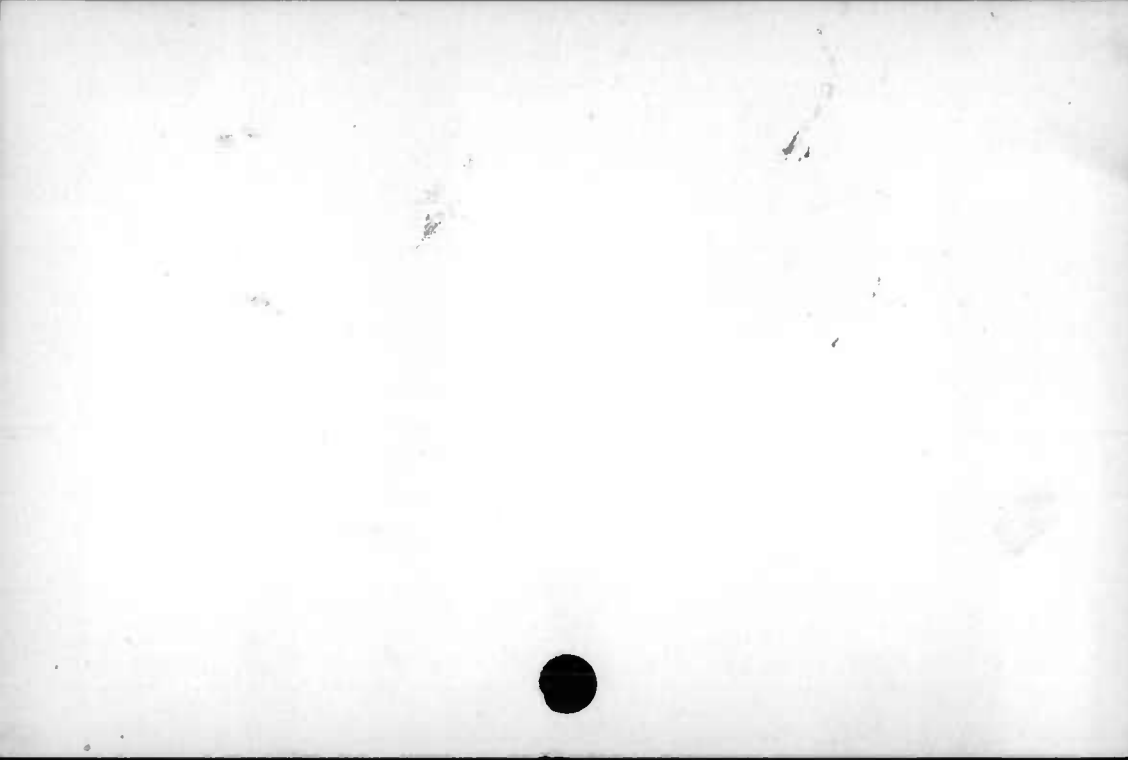
Name <i>Wm E. Shaffer</i>		Town <i>Hampstead</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Hampstead</i>		Month <i>9</i>		Day <i>25</i>		Age <i>4</i>	
Date of death <i>1907</i>		Month <i>9</i>		Day <i>25</i>		Age <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hampstead Md</i>		Months <i>7</i>	
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>Unknown</i>		Months <i>7</i>		Days <i>25</i>	
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>		Father's Name <i>William E. Shaffer</i>		Father's Birthplace <i>Hampstead Md</i>	
Mother's Maiden Name <i>Sarah Eeling Spahr</i>		Name of person giving information <i>Wm E. Shaffer</i>		Mother's Birthplace <i>"</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>		How long <i>2 wks.</i>	
Immediate <i>Cholera Infantum</i>		How long <i>3 das.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edgar M. Bush</i>	
Address <i>Hampstead, Md</i>		Accident or Suicide? <i>X</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

John McCurdy Shipley  
Died at *near Gist* Town

County

*Carroll*

Date

of death *1907*

Month

*9*

Day

*14*

Age

Years

*—*

Months

*6*

Days

*22*

Sex

Occupation

*Male*Color or  
Race*White*Birth-  
place*Gist, Md.*Where Residing if not  
at place of death*near Gist, Md.*Married, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Grover M. Shipley*Father's  
Birthplace*Carroll Co. Md.*Mother's  
Maiden Name*Mary S. Painter*Mother's  
Birthplace*" " "*Name of person giving  
In formation*Grover M. Shipley*How related  
to deceased*Father.*

## CAUSES OF DEATH

**105**PHYSICIAN  
OR CORONER

Primary

*Enterocolletis*

How long

*3 days*

Immediate

*Cerebritis*

How long

*12 hours*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*E. D. Cronk*

Address

*Winfield  
Carroll Co.*

Accident or Suicide?

Harmony



Name  
in  
Full

Ethel M. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

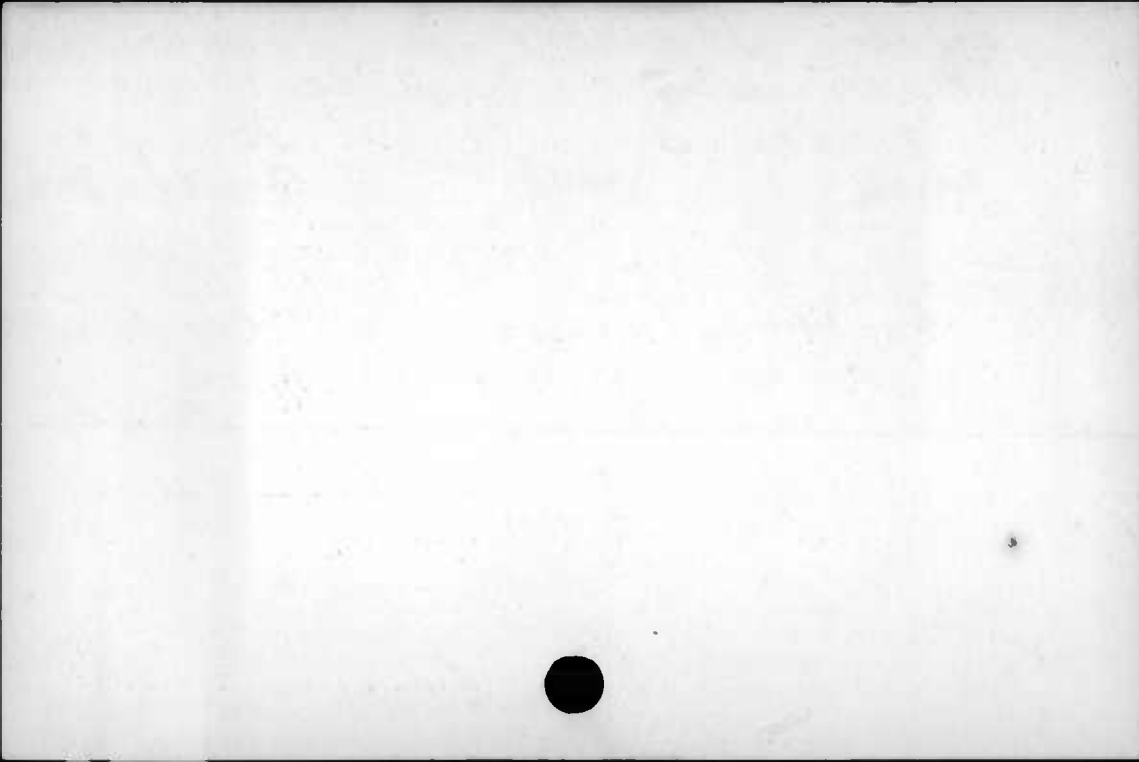
Died at <i>Taneytown</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	7	Day	28
Age		Years		Months	3
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Md</i>	
Where Residing if not at place of death					
<del>Married</del> Single			Name of Wife or Husband		
Father's Name			<i>Calvin L. Smith</i>		
Mother's Maiden Name			<i>Alice Null</i>		
Name of person giving information			<i>Calvin Smith</i>		
Father's Birthplace			<i>Pa</i>		
Mother's Birthplace			<i>Md</i>		
How related to deceased			<i>Father</i>		

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary	<i>Enteric Colitis (Chronic)</i>	How long	<i>2 months.</i>
Immediate	<i>Exhaustion.</i>	How long	<i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. H. Davis, M.D.</i>	
Address		<i>Taneytown</i>	
Accident or Suicide?			



Name  
in  
Full253  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> Tcwn		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	Sept.	Day	3
Age	1	Years	10	Months	20
Sex	male	Color or Race	white	Birth-place	Carroll Co Md
Occupation	none	Where Residing if not at place of death		Home	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Jacob Starnier	Father's Birthplace Carroll Co Md			
Mother's Maiden Name	Jessie Wayhoff	Mother's Birthplace " " "			
Name of person giving information	Jacob Starnier	How related to deceased Father			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long
Immediate	Acute Meningitis	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

St-Benjamin's Cemetery  
Stoner

Name  
In  
Full

Charles Henry Henry

## CERTIFICATE OF DEATH

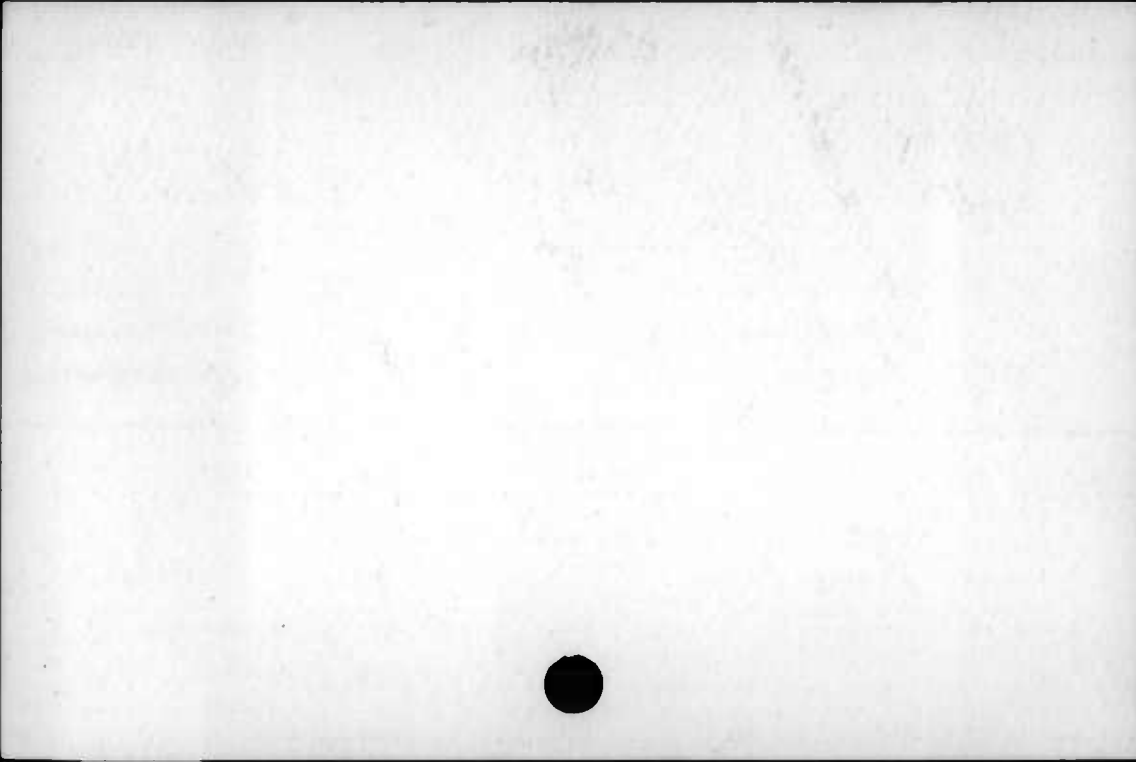
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Jordan's Retreat -</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	Sept	Day	17
Age	17	Years	17	Months	5
Sex	Male	Color or Race	White	Birth-place	<i>Jordan's Retreat</i>
Occupation	<i>Solour</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>George Henry</i>		Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name	<i>Ida Poole</i>		Mother's Birthplace <i>Maryland.</i>		
Name of person giving information	<i>William Winter</i>		How related to deceased <i>Friend.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Sun Stroke</i>	How long	<i>169</i>
Immediate	<i>Coma</i>	How long	<i>10 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>Johning Gentry</i>
		Address	<i>New Windsor Md.</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Sebastian Stoffle* Town *Hampstead* County *Carroll*Date of death *1907* Month *9* Day *12* Age *81* Years Months *11* Days *25*Sex *Male* Color or Race *White* Birthplace *Germany*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Widower* Name of Wife or Husband *Mary Herch*Father's Name *unknown* Father's Birthplace *unknown*Mother's Maiden Name *unknown* Mother's Birthplace *unknown*Name of person giving information *Geo. W. Stoffle* How related to deceased *Son*

## CAUSES OF DEATH

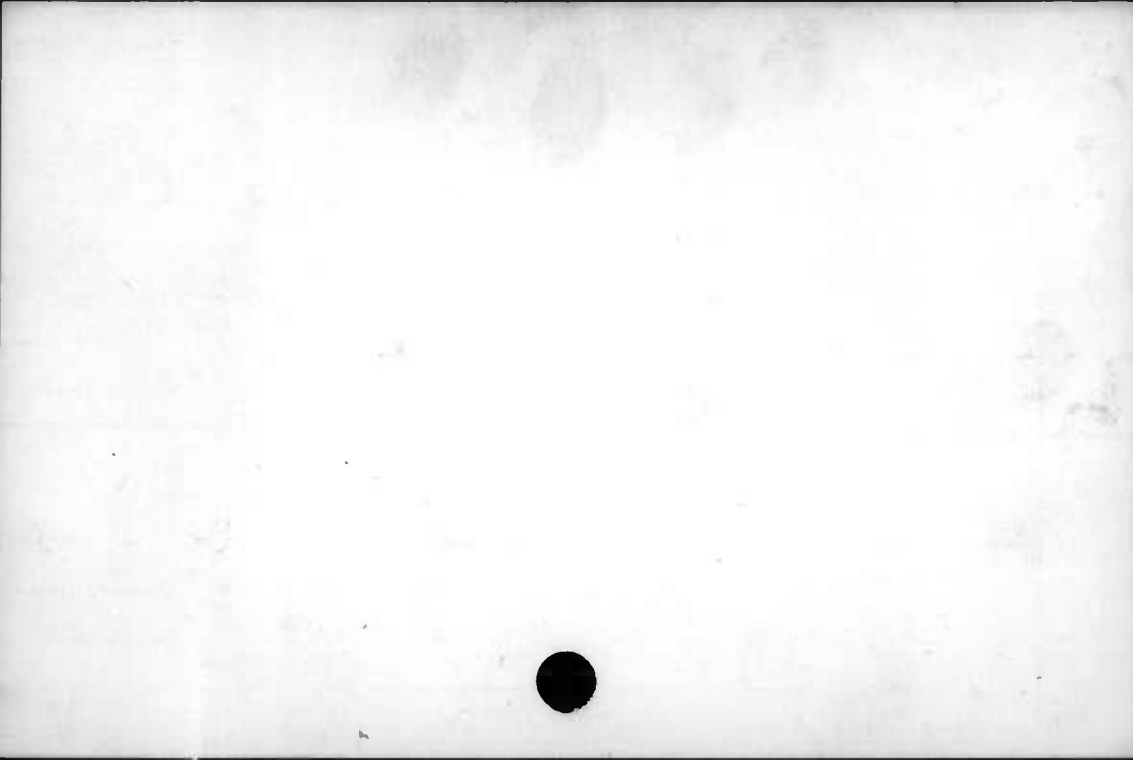
**154**Primary *General debility - old age* How long  
Immediate *Decubitis* How long *4 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name  
in  
Full

William Stonesifer

248  
CERTIFICATE OF DEATH

Died at <b>Tannery</b> <sup>Town</sup>		<b>Carroll</b> <sup>County</sup>		MARYLAND	
Date of death <b>1907</b>	<b>Sept</b> <sup>Month</sup>	<b>28</b> <sup>Day</sup>	Age <b>78</b> <sup>Years</sup>	<b>11</b> <sup>Months</sup>	<b>10</b> <sup>Days</sup>
Sex <b>male</b>	Color or Race <b>White</b>		Birth-place <b>MD</b>		
Occupation <b>Retired</b>			Where Residing if not at place of death		
Married, Single or Widowed <b>Widower</b>	Name of Wife or Husband <b>Head Unknown</b>				
Father's Name <b>William Stonesifer</b>	Father's Birthplace <b>MD</b>				
Mother's Maiden Name <b>Don't Know</b>	Mother's Birthplace <b>1</b>				
Name of person giving information <b>William Bowman</b>			How related to deceased <b>Son-in-law</b>		

## CAUSES OF DEATH

120

Primary	<b>Chronic Nephritis</b>	How long <b>6 or 8 yrs</b>
Immediate	<b>Uremic Coma Exhaustion</b>	How long <b>3 days</b>
Are the name, age, sex, color, date and place correctly given above?	<b>Yes</b>	Signature of Physician <b>Chas R Trout</b>
		Address <b>Westminster MD</b>
Accident or Suicide?	<b>No</b>	

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

St Johns  
Leislens

Stores.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

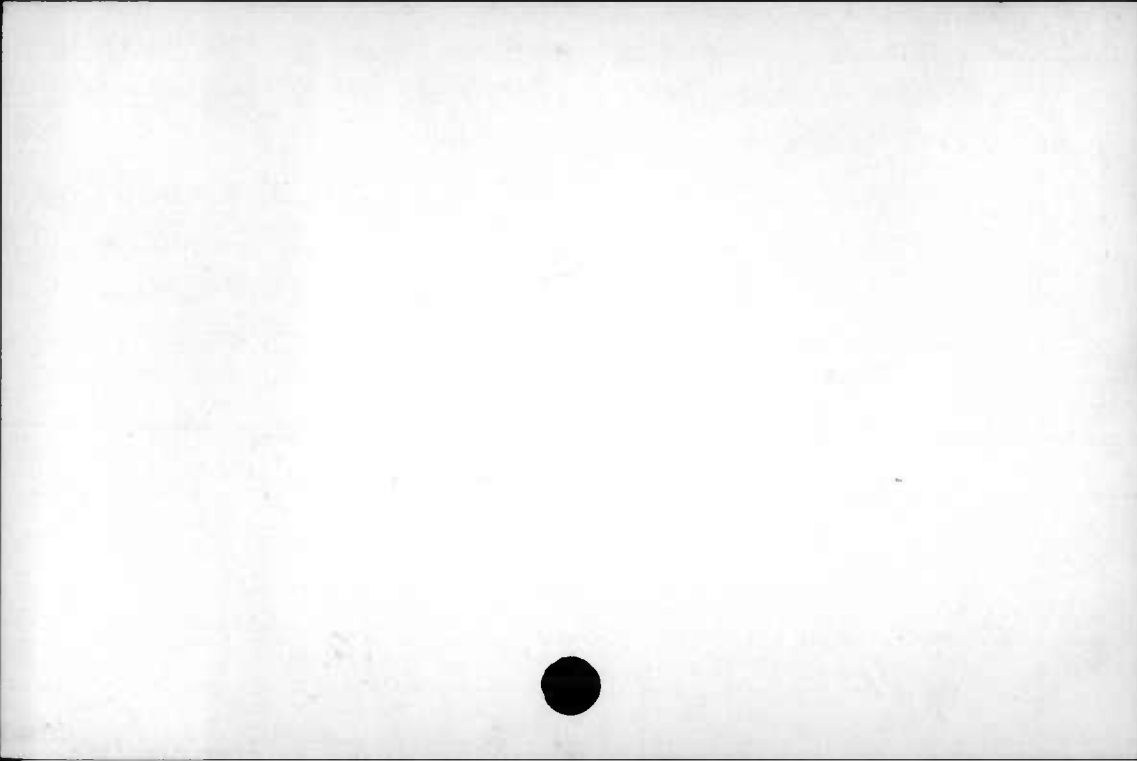
Died at <i>Manchester</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>15</i>	Age <i>5</i>	Months <i>4</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Manchester</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Herb L Thier</i>		Father's Birthplace <i>Carroll Co Md</i>			
Mother's Maiden Name <i>Elizabeth Gummel</i>		Mother's Birthplace <i>Carroll Co Md</i>			
Name of person giving information <i>Herb L Thier</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>6 day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J H Sherman M.D.</i>
	Address <i>Manchester Md</i>
Accident or Suicide?	



Name  
in  
Full

Daniel Thomeon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at New Windsor Carroll County  
 Date of death 1907 Sept 2 Age 77 Months 7 Days 28  
 Sex Male Color or Race Black Birth-place Fredrick Co  
 Occupation Labor Where Residing if not at place of death New Windsor  
 Married, Single or Widowed Married Name of Wife or Husband Sidney Thomeon  
 Father's Name Daniel Thomeon Father's Birthplace Unknown  
 Mother's Maiden Name Millie Dines Mother's Birthplace Unknown  
 Name of person giving information Howard C. Myers How related to deceased No.

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONERPrimary Cardiac Asthenia

How long

Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

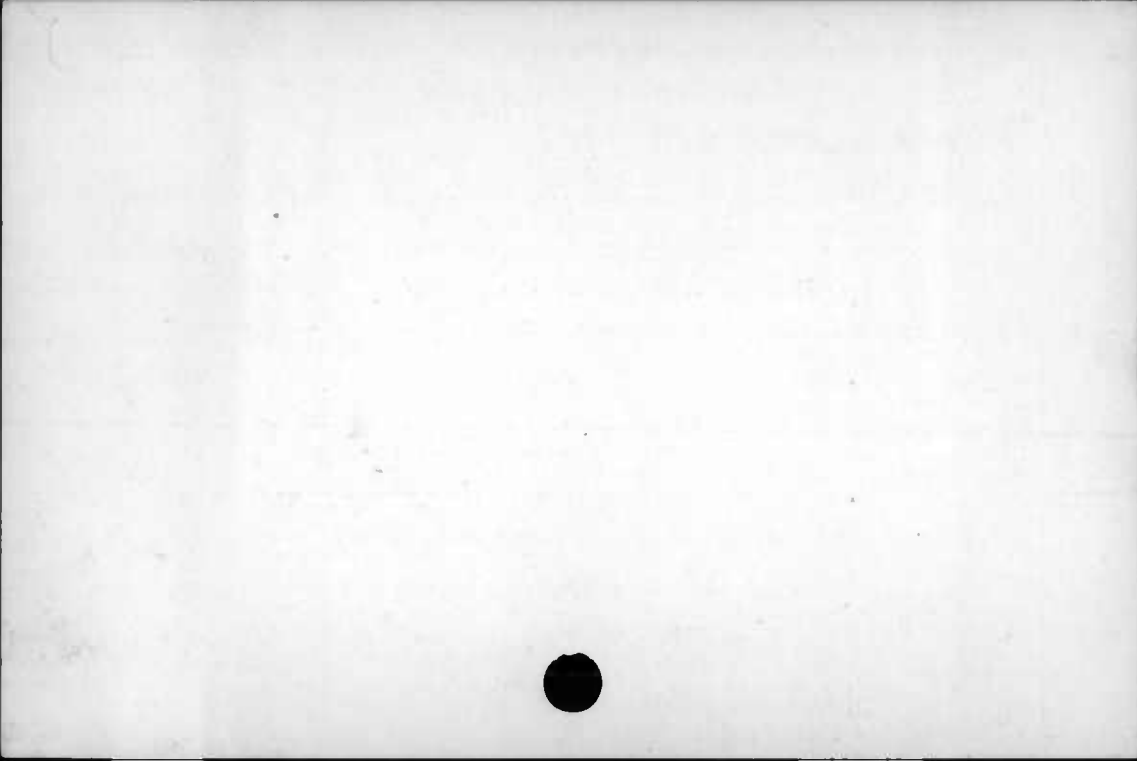
Signature of Physician

Ira E. Whitehead M.D.

Address

New Windsor  
Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

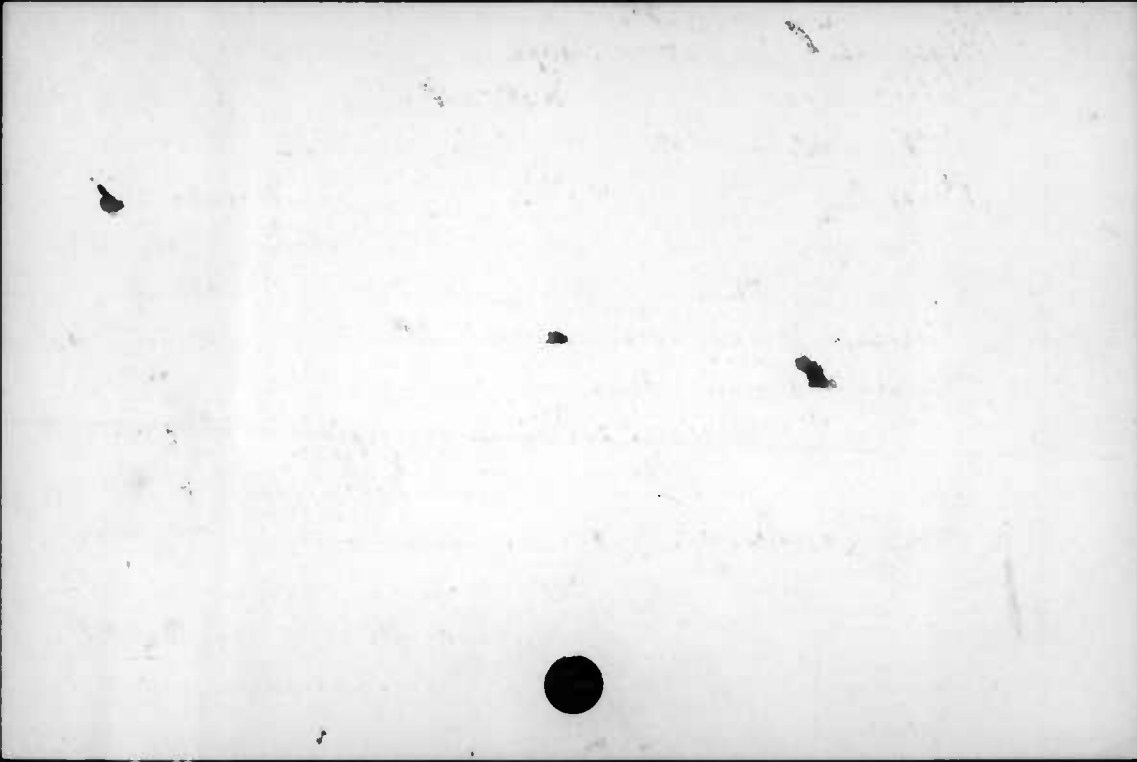
Died at <i>new Windsor</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>Sept.</i> <sup>Day</sup> <i>15</i>		Age <sup>Years</sup> <i>6</i>		<sup>Months</sup> <i>6</i> <sup>Days</sup> <i>6</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>new Windsor</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Eli Thomson</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Blorance Dorey</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Eli Thomson</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Insufflation (Pneumonia)</i>	How long <i>21 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Ira C. Whitehill</i>
	Address <i>New Windsor Md.</i>
Accident or Suicide?	





Name  
in  
Full

Lizzie A. M. Tracy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

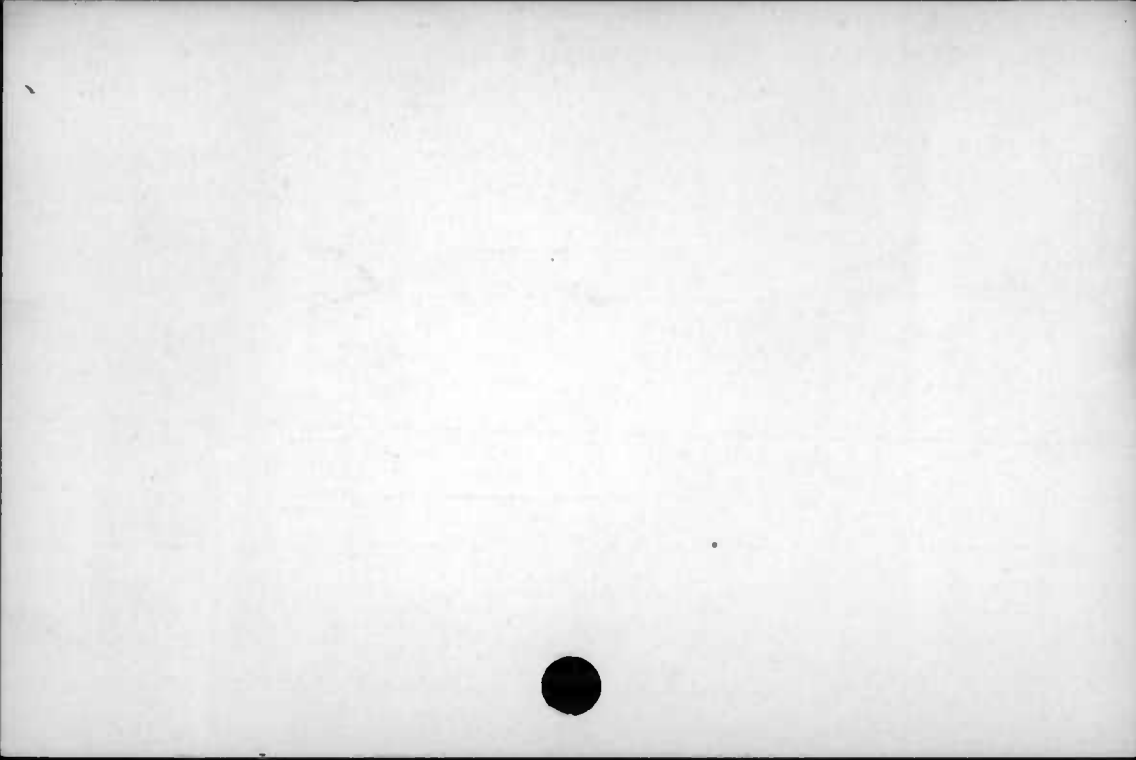
Died at <u>Lineboro</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death	1907	Month	Sept.	Day	20 <sup>th</sup>
Age	37	Years	11	Months	7
Sex	Female	Color or Race	white	Birth-place	Carroll Co.
Occupation	wife	Where Residing if not at place of death <u>Lineboro Md.</u>			
Married, <input checked="" type="checkbox"/>	Name of Wife or Husband <u>James A. M. Tracy.</u>				
Father's Name	<u>William Swenk</u>			Father's Birthplace	<u>Unknown</u>
Mother's Maiden Name	<u>Susan Baughman</u>			Mother's Birthplace	"
Name of person giving information	<u>James A. Tracy</u>			How related to deceased	<u>Husband.</u>

CAUSES OF DEATH

(50)

PHYSICIAN  
OR CORONER

Primary	<u>Diabetes</u>	How long	<u>4 yrs</u>
Immediate	<u>Diabetic Coma.</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>T. Howard Werby</u>	
		Address <u>Lineboro Md.</u>	
Accident or Suicide?			



Name  
in  
Full

Frances O. Wilson,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

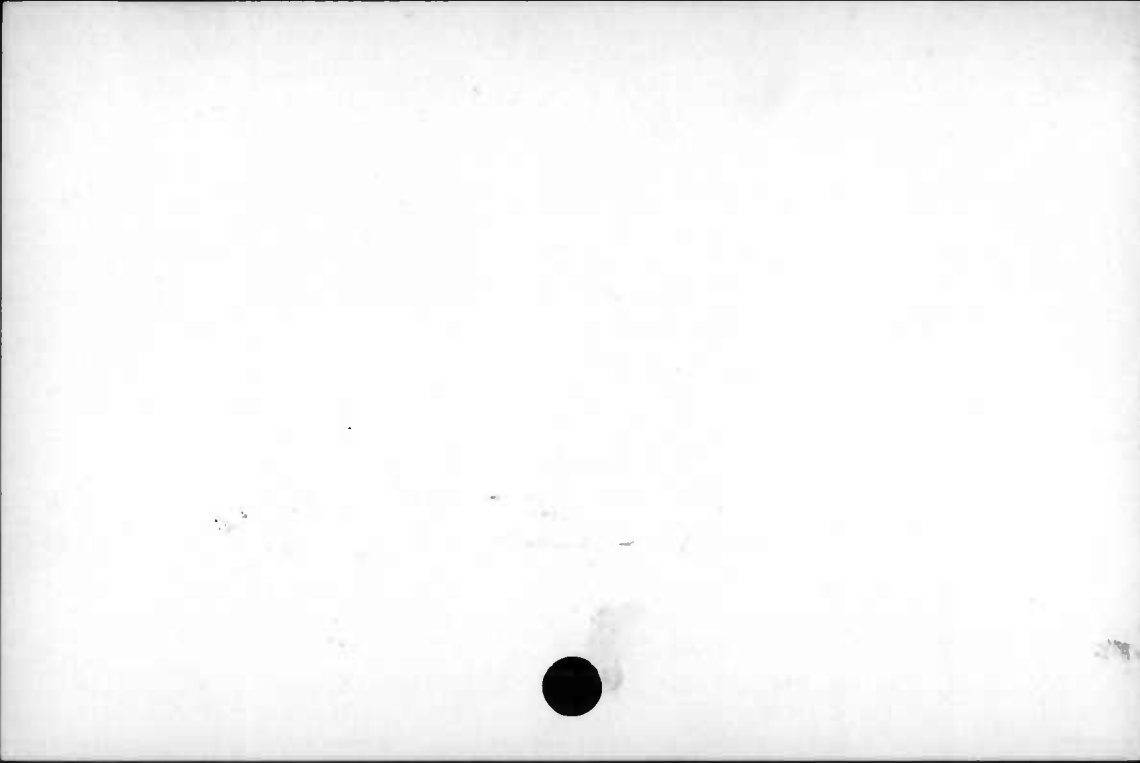
Died at <i>Uniontown</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept.</i>	Day <i>6<sup>th</sup></i>	Age <i>69</i>	Months <i>5</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Near Uniontown</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Uniontown</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>David Wilson</i>				
Father's Name <i>John Smith</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Smith</i>	Mother's Birthplace <i>Id</i>				
Name of person giving information <i>H. Edgar Wilson</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Liver</i>	How long <i>Two or more</i>
Immediate	How long <i>Years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lucius K. King</i>
<i>J</i>	Address <i>Uniontown, Pa.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Uniontown</i>		Town <i>Canoli</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Sept</i>		Day <i>23</i>		Age <i>79</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Uniontown Md</i>		Months	
Occupation <i>R.R. Conductor</i>		Where Residing if not at place of death <i>Uniontown Md</i>		Months		Days	
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Miss Boness</i>		Months		Days	
Father's Name <i>David Yingling</i>		Father's Birthplace <i>Maryland</i>		Months		Days	
Mother's Maiden Name <i>Elizabeth Lister</i>		Mother's Birthplace <i>Maryland</i>		Months		Days	
Name of person giving information <i>Alvin Yingling</i>		How related to deceased <i>Brother</i>		Months		Days	

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary <i>Acute Dysentery</i>	How long <i>About 2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Luther Kemp</i>
	Address <i>Uniontown Md</i>
Accident or Suicide?	

79-